

3. No. 2
4-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21628
5640
Registrar's No.

FILED JUL 3 1948
Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs.
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson ⁵⁰

(c) City or town Herculaneum
(If outside city or town limits, write "RURAL") ^{NR}

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jules Conrad Courtway

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased: September 19, 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>9</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Herculaneum Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Bert Courtway

13. Birthplace Bliss Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Thinnie Derrickson

15. Birthplace Blackwell Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Courtway

(b) Address Herculaneum, Mo.

17. (a) Burial (b) Date thereof 6-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 28 1948 J. F. Bredeck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1946 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from June 21
_____, 1946 to June 23, 1946
that I last saw him alive on June 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of cerebellum

Due to _____

Due to _____

Other conditions 54
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy Yes

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____
(Specify type of place) (e) Means of injury

23. Signature Albert H. Hoppe (M. D. or other) Albert H. Hoppe
Address Herculaneum, Mo. Date signed 6/24/46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Henry M. Branner

.....
Licensed Embalmer No.....

4200

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.