

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8640
 Do not use this space.

REC'D APR 11 1938

1. PLACE OF DEATH
 (a) County St. Louis Mo Registration District No. 1003
 (b) Township St. Louis Mo Primary Registration District No. _____ Registered No. 2229
 (c) City St. Louis Mo (d) Street No. En route City Hospital #1 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Hertlein 634
 (a) Residence, No. 1101 Sidney St. 23 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MATILDA HERTLEIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 10, 1874

7. AGE YEARS 64 MONTHS * DAYS 21 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABORER
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

FATHER 13. NAME JOHN HERTLEIN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME BARBARA NIETCOMB
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND

17. INFORMANT MRS MATILDA HERTLEIN
 (ADDRESS) 1101 SIDNEY

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE 3-7-38

19. FUNERAL DIRECTOR MOLLEN BROS.
 (ADDRESS) 4259 FULM BLVD

20. FILED J.P. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH
NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/3/38 19__

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:35 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion.
Arteriosclerosis.
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation or deceased? NO
 If so, specify _____
 (Signed) Joseph M. Quinn M.D.
 (Address) Deputy Coroner

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Wm Rogers, Licensed Embalmer No. 3905

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Wm Rogers
Licensed Embalmer No. 3905

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.)