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.

REC'D JUL 14 1938

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

21347
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN — Registration District No. 85
(b) Township ~~WASHINGTON~~ — Primary Registration District No. 1001 — Registered No. 601
(c) City ST. JOSEPH — (d) Street No. 724 MASON AVENUE 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 49 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ADOLPH HERTER SR. 636
(a) Residence, No. 724 MASON AVENUE, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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: MARGARET HERTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 9, 1858

7. AGE: YEARS 79 — MONTHS 10 — DAYS 28 — If LESS than 1 day, ....hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MILWAUKEE, WISCONSIN

FATHER
13. NAME: ADOLPH HERTER,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN SWITZERLAND

MOTHER
15. MAIDEN NAME: MARY LEE,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN SWITZERLAND

17. INFORMANT (ADDRESS): MARGARET HERTER, 724 MASON AVENUE, ST. JOSEPH

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK CEM. DATE JUNE 9, 1938.

19. FUNERAL DIRECTOR (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 6/8 1938 H. J. Westlebrook
Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JUNE 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-7, 1938, to 6-7, 1938
I last saw him alive on 6-7, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolism | 6-6-38 |

Other contributory causes of importance: 94 P.

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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 of deceased? no
If so, specify
(Signed) E. J. Gross Del. D.
(Address) 5008 King Hill Ave.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986

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 John E. Rupp.

Licensed Embalmer No. 3986

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