

REC'D AUG 11 1939

791
1008

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4018 Utah St. **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Theodore G. Hering **652**

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-07-5939

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nelda Hering 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Oct. 16, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>9</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Olin Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Telephone Co.

12. Name George Hering

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

14. Maiden name Francis Johnson

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

16. (a) Informant's own signature Nelda Hering

(b) Address 4018 Utah St.

17. (a) Burial (b) Date thereof July 26/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) July 26 1939
(Date and time local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **16**
(If outside city or town limits, write "RURAL")
(d) Street No. 4018 Utah St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1939 hour 7 minute 0 A. M.

21. I hereby certify that I attended the deceased from Sept. 15, 1938 to July 24, 1939
that I last saw him alive on July 23, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Chronic Myocarditis</u>	<u>11 mo.</u>
<u>Chronic Nephritis</u>	<u>11 mo.</u>
<u>Coro-vascular disease</u>	<u>11 mo.</u>
Other conditions <u>Hypertension</u> (Include pregnancy within 3 months of death)	<u>11 mo.</u>

PHYSICIAN
Major findings: _____
Of operations: no operation
Of autopsy: no autopsy
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 H. M. Skinner (M. D. or other)
Address 3014 S. Jefferson Date signed July 25 1939

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

Nov. 6-17-39
Form 1 X-1931

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.

*En Kinman
3016 S. Jefferson*

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *Nancy A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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, above space should be left blank.