

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

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.

OCT 14 1939
Registration District No. 791

Primary Registration District No. _____

Registrar's No. 8117

1. PLACE OF DEATH: **1003**
 (a) County _____
 (b) City or town St Louis, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jewish Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 (Specify whether _____)
 In this community 50 yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St Louis Mo **12**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4942 Locuste
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Marie Herder Kollin
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____
 4. Sex Female
 5. Color or race white
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife John F
 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased Nov 25 1868
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 19
 year 1939 hour 3 minute 0 P. M.
 21. I hereby certify that I attended the deceased from September 16, 1939, to Sept - 19, 1939,
 that I last saw her alive on Sept - 19, 1939,
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 9 24 hr. min.

Immediate cause of death _____
 Due to pneumonia (Bronchial)
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

9. Birthplace Pleasant Hill Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housework
 11. Industry or business _____
 MOTHER: { 12. Name John N Herder
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Bertha Mueller
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs R.C. Dorr
 (b) Address Datesville, Arkansas
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-1939
 (Month) (Day) (Year)
 (c) Place: burial or cremation St Peters Cem.
 18. (a) Signature of funeral director Rowland Mortuary Svc
 (b) Address 4355 Washington
 19. (a) SEP 20 1939 (Date received local registrar) (b) J. J. Bredbeck (Signature of registrar)

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 Gerhart E Gauenfeldt (M. D. or other) MD
 Address 4500 Olive Street Date signed 9/20/39

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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis, Mo

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.