DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 312

Registration District No. 1003 Primary Registration District No. Registrar's No. 312

1. PLACE OF DEATH: 1003 2

(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: 1509 Penrose
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1509 Penrose
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles F. Hertenstein

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eliza Hertenstein

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. (Month) 11 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	0	29	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Piano Merchant 0

11. Industry or business Retired

FATHER
12. Name Charles F. Hertenstein 9
13. Birthplace (City, town, or county) Unknown (State or foreign country) 0

MOTHER
14. Maiden name Caroline Johnson
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Eliza Hertenstein
(b) Address 1509 Penrose

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-40 (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd

19. (a) JAN 11 1940 (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
year 1940 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 10, 1939, to Jan 10, 1940
that I last saw him alive on Dec 10, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to General hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none made

Duration: Don't know / Don't know

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

23. Signature R. R. Munoyn (M. D. or other) MD
Address 5330 Geraldine Date signed 1/11/40

(Licensed Embalmer's Statement on Reverse Side)

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.

I X19511

5550 Hereford
8-10

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 Warren A. Carver

Licensed Embalmer No. 353X

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, above space should be left blank.