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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4581

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hosp. St. Louis Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3933 Minnesota
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Christina Herzog 622

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 maried

6. (b) Name of husband or wife Charles Herzog 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 16 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Philip Garner

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

14. Maiden name Christina Christle

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

16. (a) Informant's own signature Mrs P. J. Seiler

(b) Address 3133 Minnesota

17. (a) Franklin (b) Date thereof May - 2/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Illinois

18. (a) Signature of funeral director W. H. Haggard

(b) Address Ballwin Missouri

19. (a) MAY 24 1940 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1940 hour 7:15 PM minute _____ M.

21. I hereby certify that I attended the deceased from 9 AM May - 17, 1940, to 7:00 P.M., 1940; that I last saw her alive on _____, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Hypertension

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.

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 Walter Ford (M. D. or other) _____

Address St. Louis City Mo. Date signed 5-18-40

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.

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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 *Leo Penner*

Licensed Embalmer No. *2314*

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.