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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 3 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **11910**

Registration District No. **773**

Primary Registration District No. **6018A**

Registrar's No. **36**

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town (near) Farmington, Mo. *Rural St. Francois*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 mo. 18 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1510 a. Benton
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME REGINA HERKENHOFF

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F. 5. Color or race W

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

6. (b) Name of husband or wife not known

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

7. Birth date of deceased August 1, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70	6	7	hr. min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business _____

MOTHER FATHER { 12. Name Henry J. Herkenhoff

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Regina Brockhage

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Removal (b) Date thereof ?
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director Charles J. Goodhart

(b) Address St. Louis, Mo.

19. (a) Feb 8-41 (b) T. J. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1941 hour _____ minute 4 M.

21. I hereby certify that I attended the deceased from May 20, 1940
_____, 19____, to March 8, 1941;
that I last saw her alive on March 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, generalized & marked

Duration ?

Due to _____

Due to _____

Other conditions Severe Psychosis, Depressed & Agitated types 20 months
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations None

Of autopsy None

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?
6018A

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

23. Signature C. C. Ault (M. D. or other) M. D.

Address Farmington, Mo. Date signed 3/18/41

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

Charles J. Goodhart

Licensed Embalmer No.

2777

P. O. Address

St. Louis ave. St. L.

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, fact should be so stated above.