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FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22700

State File No. _____

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 1375

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pinecrest Nursing Home, Ballwin, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community 67yrs.
years, months or days)

3. (a) PRINT FULL NAME Henry Hergenroeter

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased December 1, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation Street Cleaner

11. Industry or business Street Cleaner

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant City Hall Records

(b) Address St. Louis Mo

17. (a) (b) Date thereof 6-12-41
(Burial, cremation, or removal) (Month) (Day): (Year)

(c) Place: burial or cremation City Hall Records

18. (a) Signature of funeral director [Signature]

(b) Address W. R. [Signature] 135-00 [Signature]

19. (a) JUN 30 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

JUL 1 1941

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 800

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. Ozanam Shelter, 3225 Montgomery (If rural, give location) 9

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7, year 1941 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from June 3, 1941 to June 6, 1941; that I last saw him alive on June 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death:
myocarditis, chronic
arteriosclerosis, general
senile dementia

Due to arteriosclerosis, general

Due to senile dementia

Other conditions:
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 93rd

Of 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? _____

23. Signature [Signature] (M. D. or other) 0
Address 1515 Lafayette Ave. Date signed 6/10/41

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

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.....

Licensed Embalmer No.....

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, fact should be so stated above.