

FILED JAN 24 1942 791  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 9543

1. PLACE OF DEATH:

(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:  
3455 Missouri Ave /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days) 55 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3455 Missouri Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1  
year 1941 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from  
July 1<sup>st</sup> 1941 to Dec 1 1941  
that I last saw him alive on Nov. 30, 1941:  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma of Right Lung

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 Frank J. Stamps (M. D. or other) \_\_\_\_\_  
Address 3924 S. Grand Blvd. Date signed 12/1/41

3. (a) PRINT FULL NAME Harry Edward Herweck

3. (b) If veteran, name war No 3. (c) Social Security No. 489-05-1778

4. Sex Male 5. Color or race White 6. (a) Single / widowed, married, divorced Married

6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 12 1886  
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Cutter

11. Industry or business Valley Shoe Co.

12. Name Adam Herweck

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

14. Maiden name Mathilda Jaslin

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

16. (a) Informant Minnie Herweck

(b) Address 3455 Missouri Ave.

17. (a) Burial (b) Date thereof 12-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

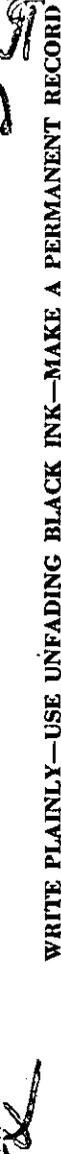
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Walter ...

(b) Address 3634 Gravois Ave

19. (a) DEC 1 1941 (Date received from registrar) J. F. Bedeck (Registrar's signature)

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.**