

FILED MAR 17 1942

Registration District No. _____

Primary Registration District No. 1002

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:
Alexian Bros.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Hrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 15 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
 (d) Street No. 2216 Montana
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Otto F. Herget Sr.

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 Mary 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Nov. 3 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>3</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Paper Hanger

11. Industry or business _____

MOTHER FATHER { 12. Name Conrad Herget
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Ulrich
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Herget

(b) Address 2216 Montana

17. (a) Burial (b) Date thereof 2-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec St.

19. (a) FEB 27 1942 (b) J. F. Graded
(Data received local health department) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
 year 1942 hour 6 minute 30 P.A.M.

21. I hereby certify that I attended the deceased from OCT 1941 to Feb. 25 1942
 that I last saw him alive on Feb 25 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 DAY
 Due to Arterial Sclerosis

Due to Chronic Myocarditis 8 Mos

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 D

23. Signature Ralph Thompson (M. D. or other) M. D.
 Address 3626 Branore Date signed 2/27/42

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

10-01

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

Clarence Pochow

Registered Apprentice No.

working under my personal supervision.

Signed

Clarence Pochow

Licensed Embalmer No.

3093

P. O. Address

3015 Merame

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.