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7. 5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7944**

**FILED MAR 9 1942**  
Registration District No. **178**

Primary Registration District No. **4466**

Registrar's No. **12**

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

1. PLACE OF DEATH:

(a) County Ste Genevieve

(b) City or town Ste Genevieve  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 6.3 yrs (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ste Genevieve

(c) City or town Ste Genevieve  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BARBARA HERZOG

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Fel day 4<sup>th</sup>  
year 1942 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Fel 1 1942 to Fel 4 1942  
that I last saw her alive on Fel 4 1942  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife HENRY HERZOG

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: June 25 1877  
(Month) (Day) (Year)

Immediate cause of death Cerebral Apoplexy Duration 2 days

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>?</u>	<u>9</u>	hr. _____ min. _____

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

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

Other conditions Influenza 4 days  
(Include pregnancy within 9 months of death)

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Anton Wippler

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

14. Maiden name Paula Miller

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

Major findings:  
Of operations 1/30

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

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Herzog

(b) Address Ste Genevieve Mo

17. (a) Burial (b) Date thereof Feb 7 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Ste Genevieve Mo

18. (a) Signature of funeral director L. C. Dwyer

(b) Address Ste Genevieve Mo

19. (a) Feb 6/42 (b) T. W. Douglas  
(Date received local registrar) (Registrar's signature)

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) (If Means of injury \_\_\_\_\_)

23. Signature Arthur E. ... (M. D. or other) M.D.  
Address St. Genevieve Mo Date signed 2-5-42

MAR 6 1951

**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 Lea C. Parker  
Licensed Embalmer No. 1985  
P. O. Address St. Genevieve Mo.

**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.**