

Registration District No. **791** Primary Registration District No. **1003**

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:
5162 Page Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 Years** / (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ernest Hertzog**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**

6. (b) Name of husband or wife **Florence M. Hertzog** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Sept. 9th., 1855**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 6 12 hr. min.

9. Birthplace **Natchitoches La.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Shoe Salesman**

12. Name **Hypolite Hertzog**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mr. Ernest C. Hertzog**

(b) Address **5162 Page Blvd.**

17. (a) **Burial** (b) Date thereof **3/23-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SAVVANV**

18. (a) Signature of funeral director **Arthur J. Houally**

(b) Address **3840 Lindell Blvd.**

19. (a) **MAP 21 1942** (b) **J. F. Bredich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5162 Page Blvd.**
(If rural, give location)
(e) **No Attending Physician** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **21st.**
year **1942** hour **2** minute **30a.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Sclerosis
Arterio Sclerosis

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

Major findings: Of operations _____

Of autopsy _____

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)
(or) Means of injury _____

23. Signature **Thomas F. Callahan** (M. D. or other) _____
Address **Deputy Coroner** Date signed **3/24/42**

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

19

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Lincoln

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.