

FILED APR 6 1942

Registration District No. **20**

Primary Registration District No. **20**

Registrar's No. **716**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6511 Heege Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 6511 Heege Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carl Hertel

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hilda 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Nov. 7 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 4 21 hr. min.

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

10. Usual occupation Truck Gardener

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Hertel, Br.
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Christine Hunkel
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Hilda Hertel
(b) Address 6511 Heege Rd.

17. (a) Burial (b) Date thereof 3-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Songet Burial Park

18. (a) Signature of funeral director John K. Ziegenhagen

(b) Address 7027 Grayson Ave.

19. (a) **MAR 30 1942** (b) C. G. McFarland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1942 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1942, to March 28, 1942
that I last saw him alive on Mar 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary Tuberculosis 6 mo

Due to _____

Due to _____

Other conditions Intestinal Tuberculosis 3 mo
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
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?

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature John K. Ziegenhagen (M. D. or other) _____
Address Springton Mo. Date signed 3/29/42

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

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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 E. P. Kidwell
Licensed Embalmer No. 3877
P. O. Address 7027 Gravois

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.