DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16248

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4715

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

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:
4024 Carter Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10 000 17 9
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4024 Carter Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Nannie Herzing

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Not mentioned

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

7. Birth date of deceased February 14, 1848 (Month) (Day) (Year)

8. AGE: Years 94 Months 3 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Lockhart (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation At home

11. Industry or business .....

FATHER
12. Name Thomas Davidson
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Priscilla Cox
15. Birthplace Germantown (City, town, or county) Pa. 1 (State or foreign country)

16. (a) Informant Mrs C C Fulton
(b) Address 4129 Lee Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/42 (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAY 29 1942 (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27, year 1942 hour 12.45 PM minute ..... M.

21. I hereby certify that I attended the deceased from Feb 14, 1942, to May 27, 1942, that I last saw her alive on May 27, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic — Duration 4
Due to Arteriosclerosis
Due to Senility 93 h
Other conditions (Include pregnancy within 3 months of death) 93 c
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? .....
(Specify type of place)
While at work? (e) Means of injury .....

23. Signature M. E. Harris (M. D. or other)
Address 420 S 18 St Lemay Date signed 5-27-42

744 (Licensed Embalmer's Statement on Reverse Side)

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis Mo.

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

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

2B
21-41
29288

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Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4715

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: .....
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County .....

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4084 Carter ave
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Nannie Herzing

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

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

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

7. Birth date of deceased Feb - 14 - 1848
(Month) (Day) (Year)

8. AGE: Years 94 | Months 2 | Days 3 | If less than one day hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) JUL 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1942 hour 2 minute 45 P.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.

	Duration
Immediate cause of death	
Due to	
Due to	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY

1942
5-16248