

No. 2
-1-4-41
5-17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18985

State File No. _____

JUN 22 1942

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1312

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

1. PLACE OF DEATH:

(a) County St. Louis County

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

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

(d) Length of stay: In hospital or institution Adm. 6/13/42
(Specify whether years, months or days) Admit. 6/13/42.

3. (a) PRINT FULL NAME John Herzing

3. (b) If veteran, name war World War #1

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Kathryn E.

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

7. Birth date of deceased March 1 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67	3	14	hr. min.
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9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Captain

11. Industry or business -

MOTHER FATHER { 12. Name John Herzing

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

14. Maiden name Johanna Schmidt

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

16. (a) Informant M. Schellig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) (Burial, cremation, or removal) Nat. Cem.

(b) Date thereof 6-17-42
(Month) (Day) (Year)

18. (a) Signature of funeral director J. Hoffmeister

(b) Address 7814

19. (a) 676-02 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Lemay (If outside city or town limits, write "RURAL") 0

(d) Street No. 132 W. Felton (If rural, give location) 0

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th, year 1942 hour 12:35 minute A. M.

21. I hereby certify that I attended the deceased from June 13, 1942 to June 15, 1942 that I last saw him alive on June 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arterio-sclerotic heart disease, myocardial damage and myocardial insufficiency. Duration Unkn.

Due to -

Due to -

Other conditions Pneumonia, bronchial,
(Include pregnancy within 3 months of death)

Major findings: patchy, lower portion both lungs. PHYSICIAN About 7 days

Of operations no type.

No operation. Underline the cause to which death should be charged statistically.

Of autopsy No autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 _____ (Specify type of place)

(2) Means of injury -

23. Signature [Signature] (M. D. or other) -

Address Chief Medical Officer. Date signed 6/15/42

CORRECTED COPY

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.