

Registration District No. **318**

Primary Registration District No. **1150**

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

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:
5504 Cates Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **IDA MAY HERWECK,**

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 **M.** /
6. (b) Name of husband or wife **Henry W. Herweck,** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **10** / **17** / **1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 **11** **14³** _____ hr. _____ min.

9. Birthplace **St. Louis, Mo.** (City, town, or county) (State or foreign country) **0**

10. Usual occupation **Housewife.**

11. Industry or business _____

12. Name **C.H. Buschman,**
13. Birthplace **St. Louis, Mo.** (City, town, or county) (State or foreign country) **0**
14. Maiden name **Mary E Etling.**
15. Birthplace **St. Louis, Mo.** (City, town, or county) (State or foreign country) **0**

16. (a) Informant **Hy. W. Herweck,**
(b) Address **5504 Cates Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10 8 1942** (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Camty.**

18. (a) Signature of funeral director **Louis H. Bopp.**

(b) Address **Kirkwood, Mo.**

19. (a) **OCT 6 1942** (Date received local registrar) (b) **J. P. Bopp** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17 9 5**
(d) Street No. **5504 Cates** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **5th.**
year **1942.** hour **11** minute **40** A.M.

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

Immediate cause of death
acute Myocardial Infarction
Coronary Heart Disease
Rheumatic Heart Disease
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) **None**

Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature **David A. Flavin** (M. D. or other) **M.D.**
Address **401 Humboldt St.** Date signed **10/6/42**

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.....

John M Meyer

Licensed Embalmer No.....

3288

P. O. Address.....

Rickwood 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.