

BUREAU OF THE CENSUS
FILED NOV 9 1942

State File No.

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 122

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

1. PLACE OF DEATH:

(a) County St. Francois County

(b) City or town Farmington RURAL 11 1/2 miles

(c) Name of hospital or institution: Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 + hours
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve

(c) City or town Ste. Genevieve RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. Market St. or Route #1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME BERNARDINE MAGDELINE HERZOG

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: May 25 1917
(Month) (Day) (Year)

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

25	3	14	hr. min.
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9. Birthplace Coffman Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House work.

11. Industry or business.....

MOTHER FATHER { 12. Name Frank X. Herzog

{ 13. Birthplace River Aux Vases, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lena S. Basler

{ 15. Birthplace River Aux Vases, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant State Hosp. #4 Records

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof Sept. 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffman, Missouri

18. (a) Signature of funeral director Leo C. Basler

(b) Address Ste. Genevieve, Mo.

19. (a) 10-27-42 (b) Byndie Bukhmaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9
year 1942 hour About 3 minute 05 P. M.

21. I hereby certify that I attended the deceased physician
inquest doctor Sept. 9, 1942;
that I last saw him alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acting

Coroner's Verdict:

Death by strangulation at her own hands.

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

164a

Major findings:
Of operations.....

Of autopsy.....

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Sept. 9, 1942

(c) Where did injury occur? Farmington St. Francois Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hosp. #4 Clinic #4 Dining Room.

While at work? NO (Specify type of place) Hanging.
(e) Means of injury

23. Signature Dr. Sutherland act Coroner
Farmington, Mo. Date signed 10-27-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ECEIVED

District Health Officer No. 3
District File Number 11-42-1307
Date Filed 11-5-42

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.....

Leslie Barker

Licensed Embalmer No. 1985

P. O. Address See Reverse

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.