

FILED MAR 20 1943

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 2377

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:  
3821 Flad 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..... (Specify whether)  
years, months or days

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. 3821 Flad Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Fred Herget

3. (b) If veteran, name war None

3. (c) Social Security No.....

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Bessie Herget

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan. 26th 1869  
(Month) (Day) (Year)

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

74 1 12 hr. min.

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

10. Usual occupation Salesman retired 6 Yrs.

11. Industry or business.....

12. Name Casper Herget

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

14. Maiden name Eva Baker

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

16. (a) Informant Bessie Herget

(b) Address 3821 Flad Ave.

17. (a) Burial (b) Date thereof 3-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAP 1 (b) J. J. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th  
year 1943 hour 9:15 minute P.M. M.

21. I hereby certify that I attended the deceased from 4  
3 1942 to 3-10 1943  
that I last saw h. im alive on 3-5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic acidosis

Due to Wisketer 6/1

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

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 Engene H. Edle (M. D. or other) M.D.  
Address 3019 So. Jefferson Date signed 3-11-43

Duration 1 day

3 yrs.

3 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

3019 do Johnson  
Pr 3394 1-3

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 Richard W. Steersman

Licensed Embalmer No. 4027

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.