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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 11411

LED APR 15 1943

Registration District No. 704 Primary Registration District No. 111 Registrar's No. 550

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5521 Mimika Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mabel P. Hertfelder
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 Married
6. (b) Name of husband or wife William Hertfelder
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased December (Month) 23, (Day) 1893 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 49 | 2 | 12 | hr. min. |

9. Birthplace Columbus, (City, town, or county) Ohio. (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Charles Kern
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy (Unknown)
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Wm. Hertfelder
(b) Address 5521 Mimika Ave. St.Louis,Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Calvin F.Feutz Fun.Home
(b) Address 4828 Natural Bridge.
19. (a) MAR 5 1943 (Date received local registrar) (b) E. McDermott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4, year 1943 hour 1:30 minute A. M.
21. I hereby certify that I attended the deceased from Feb. 18 1943, to Mar. 4 1943, that I last saw her alive on March 3 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Acute Encephalitis | 13 days |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations no
Of autopsy yes St Mary's Hosp.

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 J. W. Macdonald (M. D. ~~or other~~ MD)
Address 5739 N. Grand Date signed 3-4-43

(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 John A. Mlinar, Registered Apprentice No. ....., working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. L. 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.**