

ED JUN 19 1943

318

Primary Registration District No. 1003

Registrar's No. 5428

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: Good Samaritan Home, 4500 Washington Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 2 1/2 Years
(Specify whether
In this community..... Life
years, months or days)

3. (a) PRINT FULL NAME..... Pauline 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..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... November 5, 1868.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 7 ..hr.min.

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

10. Usual occupation..... None

11. Industry or business.....

MOTHER FATHER { 12. Name..... Henry Herzog
13. Birthplace..... Denmark Mo.
(City, town, or county) (State or foreign country)
14. Maiden name..... Eliza Herzog
15. Birthplace..... Denmark Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Rev. J. H. Overbeck, Supt.

(b) Address..... 4500 Washington Blvd.

17. (a) Burial (b) Date thereof..... June 14, 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Peters Cemetery

18. (a) Signature of funeral director..... Calvin F. Reutz Fun. Home

(b) Address..... 4828 Natural Bridge Blvd.

19. (a) JUN 14 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4500 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
year 1943 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1943 to June 12, 1943
that I last saw her alive on June 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Interstitial Nephritis

Due to.....

Due to.....

Other conditions..... Uremia
(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..... H. F. Bergmann M. D. or other.....
Address..... 3720 Washington Date signed..... 6/14/43

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

3726 W. ...
Sept 9-10 Mon 9.10.

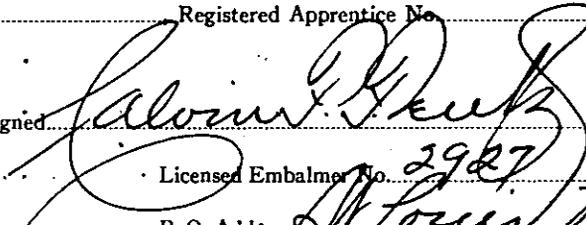
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....



Licensed Embalmer No. 2927

P. O. Address St. Louis, 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.