

**FILED JUL 17 1943**  
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis City**  
(b) City or town.....  
(c) Name of hospital or institution:  
**St. Lukes Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Indiana** (b) County **Warrick**  
(c) City or town **Chandler**  
**Rural Route #2**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Rosa Herr**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George S. Herr** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **April 21 1881**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **2** Days **18** If less than one day  
..... hr. .... min.

9. Birthplace **Warrick County Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Daniel Henn**  
13. Birthplace **Warrick County Indiana**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna Scholz**  
15. Birthplace **Warrick County Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George S. Herr**

(b) Address **Chandler Indiana R.R. 2**

17. (a) **removal** (Burial, cremation, or removal) (b) Date thereof **July 9, 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Evansville Ind.**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**  
(b) Address **4700 Washington Blvd.**

19. (a) **J. F. Brudeck** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **9**  
year **43** hour **7:50** minute **30**

21. I hereby certify that I attended the deceased from..... to.....  
that I last saw h..... and that death occurred on the date and hour stated above.

Immediate cause of death **Fractured Dislocation of Hip**  
Due to **fall from a tree**  
Other conditions **fractured ribs July 8, 1943**  
(Include present ones within 3 days of death)

Major findings: **Of operations**  
Of autopsy.....  
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) **Accident 136**  
(b) Date of occurrence **July 8 1943**  
(c) Where did injury occur **Chandler Indiana RR#2**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **Yes** (Specify type of place) (Specify type of means of injury) **fall**

23. Signature **F. M. Clum** (M. D. or other)  
Address **4952 Highland** Date signed **7/9/43**

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

20526

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**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 *Robert G. Slappe*

Licensed Embalmer No. *2971*

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.**