

35718

State File No. \_\_\_\_\_

Registrar's No. 2287

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED OCT 19 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4467

No. 2  
-2-43  
-17-39  
X35697

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Valley Park  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(None) # 25-Vance Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 39 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Valley Park  
(If outside city or town limits, write "RURAL")

(d) Street No. 25-Vance Road  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY HERTWECK

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Wergel Hertweck 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased. Jan 1 1863  
(Month) (Day) (Year)

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

80 9 7 hr. min.

9. Birthplace St. Louis Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business Unemployed

12. Name Andrew Hertweck

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

14. Maiden name Barbara Masbach

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

16. (a) Informant Albert Hertweck

(b) Address Valley Park, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-43  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cem. Manchester, Mo.

18. (a) Signature of funeral director Schrader Funeral Home  
Ballwin, Mo.

19. (a) OCT 12 1943 (Date received local registrar) (b) G. McFarlin, Mo. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th  
year 1943 hour 2:04 minute a M.

21. I hereby certify that I attended the deceased from Oct. 6th 1943 to October 8 1943  
that I last saw him alive on Oct 7th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Uraemic poisoning

Due to: Chronic nephritis

Due to: Senility

Other conditions: 131 f  
(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 \_\_\_\_\_

Signature Claudia M. Seber (M. D. or other) MD

Address Valley Park, Mo Date signed 10/8/43

Duration  
Immediate cause of death  
Chronic nephritis  
Senility  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

707

(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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Theo Schrader*

Licensed Embalmer No.

*3066*

P. O. Address

*Ballerwin, 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.**