

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43720

FILED DEC 23 1948
Registration District No. 2

Primary Registration District No. 4463

Registrar's No. 2838

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

3. (a) PRINT FULL NAME Michael Herzog
8. (b) If veteran, name war _____ 8. (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 Lena Herzog 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Oct 22 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 1 24 _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Farmer

MOTHER FATHER
12. Name Joseph Herzog
13. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oscar Herzog
(b) Address Fenton Mo

17. (a) Burial (b) Date thereof 12-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.

19. (a) DEC 21 1948 (b) E. B. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Fenton
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 16
year 1948 hour _____ minute 1:30P M.
21. I hereby certify that I attended the deceased from May 6, 43
1943, to Dec. 16, 1948
that I last saw him alive on Dec. 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach. ?
Duration _____

Due to _____
Due to _____

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

Major findings:
Of operations 16.1
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) _____
(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 Frank F. Duck (M. D. or other) Med.
Address Fenton, Mo Date signed 12/16/48

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 1-15-48
FORM 1 X1951

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.....

Yare M. Spencer

Licensed Embalmer No. *4343*

P. O. Address *2415 Gophers Rd.
Maplewood, 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, above space should be left blank.