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FILED JAN 12 1944

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11724

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 Days (Specify whether
In this community 4-YRS. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9/19
(d) Street No. 3701 Lindell Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Margaret Elizabeth Herlikofer

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife William F. Herlikofer 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 13th., 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 6 20 hr. min.

9. Birthplace Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Anthony Weiss

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

14. Maiden name Unknown

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

16. (a) Informant Mr. William F. Herlikofer

(b) Address 3701 Lindell Blvd.

17. (a) Removal (b) Date thereof 1-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilkes-Barre Pa.

18. (a) Signature of funeral director Arthur J. Connelly
(b) Address 3840 Lindell Blvd.

19. (a) JAN 3 1944 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1944 hour 7 minute 7 M.

21. I hereby certify that I attended the deceased from
December 7, 1943, to January 3, 1944;
that I last saw her alive on January 3, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary embolus

Due to Post op. Adenocarcinoma
of kidney

Due to 57

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

Major findings: _____

Of operations Adenocarcinoma of
kidney

Of autopsy _____

Duration
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 M. C. Abney (M. D. or other)
Address BARNES HOSPITAL Date signed 1/4/44

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

MOYER FATHER

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 *W H Van Matre*.....

Licensed Embalmer No. *2825*.....

P. O. Address *4240 Lafayette*.....

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.