No. 2
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X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1943 18

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 425

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 1025

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: Alexion Bros. Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 2 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 13 N.R.

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

(d) Street No. 9434 St. Charles Rock Road,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Edmund S. Hertrich.

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 Laura Hertrich.

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased September 27, 1899.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
44	4	3	..... hr. ..... min.

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

10. Usual occupation Taveron Operator.

11. Industry or business .....

FATHER
12. Name John Hertrich.
13. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rae Weise.
15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Hertrich.
(b) Address 9434 ST. Charles Rock road.

17. (a) Burial (b) Date thereof 2-2-1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) FEB 1 1944 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 30th.
year 1944 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec. 28, 1943, to Jan. 30, 1944
that I last saw him alive on Jan 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Endocarditis	?
Chronic Nephritis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy Enlarged Heart Diseased Aortic & Mitral Valves, Infarct in Kidneys

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Frank J. Stange M.D. (M. D. or other)

Address 3924 S Grand St Louis 18 Mo. Date signed 1/31/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. F. J. Stanza.
214 North 6th. Street.
10 to 12 P.M.
Chestnut 8612

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 Howard R. Rowland

Licensed Embalmer No. 3114

P. O. Address O'Fallon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.