

No. 2
M-2-43
5-17-39
X35397

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6109

State File No. _____
Registrar's No. 660

FILED FEB 24 1949
Registration District No. 799

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None 817 E 118
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 10 months

3. (a) PRINT FULL NAME William Edward Hertlein
 3. (b) If veteran, name war none
 3. (c) Social Security No. 489-03-2748

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Pearl
 6. (c) Age of husband or wife if alive 33 years
 7. Birth date of deceased March 21 1909
(Month) (Day) (Year)

8. AGE: Years 34 Months 10 Days 16
If less than one day hr. min.

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

10. Usual occupation machinist

11. Industry or business engineer

12. Name William G. Hertlein
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Hertlein
 (b) Address 3923 Wabash

17. (a) removal (b) Date thereof 2-7-49
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director Steinbacher's
 (b) Address 3146 Main St.

19. (a) 8-44 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Missouri St. Louis
 (a) State Missouri (b) County St. Louis, Mo.
 (c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 4618 Oldberg
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 7 year 1949
 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____
 that I last saw him Reputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Pulmonary Congestion
 Due to Heat Intoxication
 Due to Exposure in oven
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy See Above
 1915'2
 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 123
 (b) Date of occurrence Feb 7, 1949
 (c) Where did injury occur? Kansas City Mo
(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) _____
 (e) Means of injury Heat
 23. Signature D. C. Brown (M. D. or other) _____
 Address 28 M. Coy Date signed 2/7/49

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 T. J. Steinbaker
Licensed Embalmer No. 9930
P. O. Address Kc 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.