

BR-1-P63

State File No. 22377

Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 13 1944

Primary Registration District No. 3059

No. 2
2-43
17-39
X35697

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

1. PLACE OF DEATH:

(a) County: St. Francois
(b) City or town: Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution: one month
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME: ELIZABETH HERTZ

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: John W. Hertz 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 25 1861
(Month) (Day) (Year)

8. AGE: Years: 83 Months: 1 Days: 6 If less than one day _____ hr. _____ min.

9. Birthplace: Madison Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business _____

12. Name: John Pipkin
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Mahda (Unknown)
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ernest A. Baker
(b) Address: Knob Lick Mo.

17. (a) Burial (b) Date thereof: June 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: 2007 Cemetery, Potosi, Mo.

18. (a) Signature of funeral director: Miller Funeral Home
(b) Address: Farmington Mo.

19. (a) 6-3-44 (b) James R. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Francois
(c) City or town: Knob Lick 94
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1944 hour 11 minute 0 A. M.

21. I hereby certify that I attended the deceased from to 9th
May, 1944 to June 1, 1944
that I last saw her alive on June 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
& Coronary thrombosis
Due to: Fracture of rt hip 1/2 da.
Duration: 3 yrs. 10 min.

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

Major findings: ADDITIONAL
Of operations: SUPPLEMENTARY
Of autopsy: INFORMATION
REQUESTED

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) _____
(e) Means of injury: _____
23. Signature: Geo. H. Walker (M. D. or other)
Address: Farmington Mo. Date signed: 6-3-44

1373

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 644-396
Date Filed 6-17-44

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 Bert J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.

22377

ADMINISTRATIVE SERVICE
DIVISION

1944 AUG 22 AM 9 59

BUREAU OF CENSUS