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M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29419

State File No. _____

FILED OCT 13 1944

318

Primary Registration District No. _____

1003

Registrar's No. 8420

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

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: City Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mos. 7 ds.
(Specify whether years, months or days)
 In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2722 S. Ninth St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

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13
6
27*

3. (a) PRINT FULL NAME LENA HERKLOTZ

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased April 6 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 88 5 25 hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Home

12. Name Henry Rohlfing

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A Singler

(b) Address 5400 Arsenal

17. (a) Burial (b) Date thereof Oct 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem

18. (a) Signature of funeral director Wm. H. Hubert & Co.

(b) Address 1905 Grand Blvd

19. (a) OCT 3 1944 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1st
 year 1944 hour 7.25 minute P. M.

21. I hereby certify that I attended the deceased from July 24, 1944 to Oct. 1, 1944

that I last saw h. or alive on Oct. 1, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cardiac Decompensation 2 ds.

Due to General Arterio Sclerosis 1944x

Other conditions _____

Major findings: 95
 Of operations _____

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 Kersobammer, W.D. (M. D. or other) _____

Address 5400 Arsenal St Date signed 10/2/44

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 Howard J Rowland
Licensed Embalmer No. 2114
P. O. Address St Louis 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.