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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35152

Registration District No. 311

Primary Registration District No. 6053

Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town "Ruse" Monogaw Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

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

(d) Street No. 6 mi S.E. of Montrose  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis ANTON JAKOB HERING

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 9-22-1869  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9 year 44 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 9, 1944 to Oct 9, 1944  
that I last saw him alive on Oct 9, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 0 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Heart failure  
Senile Dementia

Due to Cancer of rectum

Due to \_\_\_\_\_

9. Birthplace Prairie Town Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 460  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Henry Hering

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

14. Maiden name Frieda Mier

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Carl Hering  
(b) Address Montrose Mo.

17. (a) Burial (b) Date thereof 10-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City

18. (a) Signature of funeral director Fred Wilkinson  
(b) Address Clinton Mo.

19. (a) Sub. 9-1944 (b) One W. Mills  
(Date required local registrar) (Registrar's signature)

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 R. L. Hansen (M. D. or other) MD  
Address Appleton City Mo. Date signed 10-7-44

135-8

RECEIVED

District Office No. 7,

District File Number 10-44-1224

Date Filed 11-6-44

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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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.**