

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39420**

#36377
FILED DEC 27 1944
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10530**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **6 days**
(Specify whether
 In this community..... **Life**
years, months or days)

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..... **3214a Michigan Ave**
(If rural, give location)
 (e) Citizen of foreign country?..... **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Lucille Herzog**

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..... **Single**

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

7. Birth date of deceased..... **March 14 1917**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
27	8	25	hr. min.

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

10. Usual occupation..... **Messenger**

11. Industry or business..... **Western Union & Postal telegraph**

MOTHER FATHER

12. Name..... **Milton Henry Herzog**

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

14. Maiden name..... **Katherine M. Raedinger**

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

16. (a)-Informant..... **Milton Herzog - Father**

(b) Address..... **3214a Michigan Ave**

17. (a) Burial..... **St. Paul's Churchyard**
(Burial, cremation, or removal) **(b) Date thereof**..... **Dec 11 1944**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Paul's Churchyard**

18. (a) Signature of funeral director..... **Petz Bros**

(b) Address..... **618029 Lafayette Ave**

19. (a)..... **DEC 11 1944** **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **8th**
 year **1944** hour **3:45** minute **P. M.**

21. I hereby certify that I attended the deceased from..... **12/2/44**
 to **Dec. 8th**, 19 **44**,
 that I last saw her alive on **Dec. 8th**, 19 **44**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **milking tuberculosis** Duration
Lungo affected
 Due to.....
 Due to..... **13**
 Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations..... **Thc of kidney**
 Of autopsy..... **none done**

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..... **E W Czabinski** (M.D.)
 Address..... **1515 Lafayette** Date signed..... **12/8/44**

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

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.....

Frank J. Owens

Licensed Embalmer No. *2245*

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.