

S. No. 2  
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

State File No. **41083**

FILED JAN 5 1945  
Registration District No. **113**

Primary Registration District No. **5433**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**  
 (a) County Franklin  
 (b) City or town Washington, "Rural" Union Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: R.F.D. #2.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None. (Specify whether)  
 In this community 63 yrs.  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Franklin **36**  
 (c) City or town "Rural" Washington. **0**  
(If outside city or town limits, write "RURAL") **0**  
 (d) Street No. R.F.D. #2.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country X **0**

**3. (a) PRINT FULL NAME** George G. Hertlein.  
 3. (b) If veteran, name war X  
 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Julia Hertlein.  
 6. (c) Age of husband or wife if alive 48 years  
 7. Birth date of deceased March 25th, 1881.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>8</u>	<u>16</u>	hr. _____ min.

9. Birthplace Neier, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business X

**MOTHER FATHER**  
 12. Name George Hertlein.  
 13. Birthplace Byron, Germany.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Louise Lottmann.  
 15. Birthplace Unknown, Unknown.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Hertlein  
 (b) Address Washington, Mo. R.F.D. #2.

17. (a) Burial (b) Date thereof Dec. 14, 1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.  
 18. (a) Signature of funeral director Hilburg & Vitt Inc.  
 (b) Address Washington, Mo.

19. (a) 12/13/44 (b) Donald W. Pieger  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 11th.  
 year 1944 hour 3:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1 44, 1944 to Aug 10 44, 1944;  
 that I last saw him alive on Aug 10 44, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis -  
Jan 1 44

Due to Arthritis 1946 44

Due to \_\_\_\_\_  
 Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy No

Duration 6 mo

**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 St Forbrich (M. D. or other) MD  
Washington Mo Date signed 12-16-44

1119

RECEIVED

District Health Officer No. 9;

District File Number.....

Date Filed..... 1-4-45

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 *me*.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *G. C. Meberg*.....

License of Embalmer No. *2387*.....

P. O. Address *Washington, 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.**