S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11332

State File No.

FILED MAY 3 1945 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 3639

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:
Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)
In this community Life

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. 3605a Paris Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles G. Herzberg

3. (b) If veteran, name war No

3. (c) Social Security No. 497-07-7597

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ida Herzberg

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

7. Birth date of deceased June 24, 1880. (Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business International Motor Truck Co.

MOTHER FATHER

12. Name Charles Herzberg

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

14. Maiden name Martha (Unknown)

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

16. (a) Informant Miss Willamay Herzberg

(b) Address 3605a Paris Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 25, 1945. (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) APR 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1945 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from 3/13, 1945, to 4/23, 1945, that I last saw him alive on 4/23, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Intra-abdominal malignancy (type unknown) — Duration: 7 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

While at work? (b) Means of injury

23. Signature David Feldman M.D. (M. D. or other)

Address Jewish Hospital Date signed 4/24/45

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Milnar

Licensed Embalmer No. 4186

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.