

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15197**
Registrar's No. **1651**

FILED JUN 1945
Registration District No. **318**

Primary Registration District No. **1003**

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:
Jewish Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Calhoun
 (c) City or town Hardin
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country? 2 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME John Adam Herter
 3. (b) If veteran, name war Nil
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna Herter
 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased October 26 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>6</u>	<u>28</u>hr.min.

9. Birthplace Golden Eagle Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER

12. Name John A. Herter
 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Heitiz
 15. Birthplace Fieldon Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Melba Horlman
 (b) Address 6138a Delmar Blvd.

17. (a) Removal (b) Date thereof 5-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brussels, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address MAY 25 1945 Washington Blvd.

19. (a) MAY 25 1945 (b) J. J. Brudeck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 24
 year 1945 hour 3:00 minute P M.
 21. I hereby certify that I attended the deceased from May 13th
 to May 24th 19 45
 that I last saw him alive on May 24th 19 45
 and that death occurred on the date and hour stated above.

Immediate cause of death peritonitis Duration 1 day
 Due to Resection of stomach 7 days
 Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings: Carcinoma of stomach
 Of operations.....
 Of autopsy yes

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 G. E. Gammfeld (M. D. or other) MD
 Address 5500 Olive, St. Louis Date signed 5/25/45

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *W. Wilkins*.....
Licensed Embalmer No..... *3575*.....

P. O. Address.....

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.