

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

State File No. **35193**
 Registrar's No. **4587**

FILED JUN 4 1945 18

L 1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County..... St/ Louis
 (b) City or town..... St/ Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3514 Dodier Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... Since Birth (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Missouri (b) County..... 000
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No..... 3514 Dodier Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME JOHN HERTZING
 3. (b) If veteran, name war World War 1 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month May day 23 year 1945 hour 7 minute 0 A M.
 21. I hereby certify that I attended the deceased from 5-1-45 to 5-23-45 that I last saw him alive on 5/22 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (c) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife..... Laura C. (Bentrup) 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased..... Feb. 13, 1888
(Month) (Day) (Year)

Immediate cause of death..... Myocarditis
 Due to..... Hypertension
 Due to..... Edema
 Other conditions..... Edema
(Include pregnancy within 3 months of death)
 Major findings: Of operations..... ✓
 Of autopsy..... _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day hr. min.
	<u>57</u>	<u>3</u>	<u>10</u>	

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

10. Usual occupation..... Produce Business

11. Industry or business.....

MOTHER FATHER
 12. Name..... John Hertz Germany
 13. Birthplace..... Germany
(City, town, or county) (State or foreign country)
 14. Maiden name..... Nancy Davis
 15. Birthplace..... Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Laura C. Hertzing
 (b) Address..... 3514 Dodier Street

17. (a) Burial (b) Date thereof..... 5/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Memorial, Park Cemetery

18. (a) Signature of funeral director..... Math. Hermann & Son
 (b) Address..... 2161 East Fair Avenue

19. (a) MAY 24 1945 J. F. Bredsch
(Date received 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?
 While at work..... (Specify type of place)
 (e) Means of injury.....
 23. Signature..... Paul H. Chapman M.D.
 Address..... 3518 Dodier Date signed..... 5/23/45

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 *William G. Burkholder*

Licensed Embalmer No. *2110*

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.