S. No. 2
M—5-42
v. 5-17-39
I X32873

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

State File No. 25333

FILED JUL 22 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5924

**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: LITTLE SISTERS POOR 3225 N. FLORISSANT AV.
(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 MISSOURI (b) County 000 20 17

(c) City ~~or town~~ ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 N FLORISSANT AV. 9 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY HERTACK

3. (b) If veteran, name war NO

3. (c) Social Security No. NO.

4. Sex MALE

5. Color or race WHITE

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOWER

6. (b) Name of husband or wife

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

7. Birth date of deceased JUNE (Month) 22 (Day) 1863 (Year)

8. AGE: Years 83 Months 0 Days 12 If less than one day hr. min.

9. Birthplace SWITZERLAND 5
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name UNKNOWN HERTACK 5
13. Birthplace SWITZERLAND 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN UNKNOWN
15. Birthplace SWITZERLAND 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Halloran
(b) Address 3537 Delor St

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof JULY 6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E. J. Schnurr
(b) Address 3125 Lafayette Av.

19. (a) JUL 5 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 4
year 1946 hour 3 minute p.M.

21. I hereby certify that I attended the deceased from June 16, 1946, to July 3, 1946
that I last saw him alive on July 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration ???

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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 (e) Means of injury

23. Signature Bernard H. Stoffe (M. D. ~~or other~~)
Address 2302 Salisbury St Date signed 7-5-46

(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 Jos B Vollmer

Licensed Embalmer No. 4014

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 consitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**