

S. No. 2  
DM-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

35224  
8916

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **105**

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:  
**3023 Pestalozzi**  
(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 \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" \_\_\_\_\_)  
(d) Street No. **3023 Pestalozzi**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John T. Herklotz**  
(b) If veteran, name war **--**  
(c) Social Security No. **489-01-802**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct.** day **17**  
year **1946** hour **7** min **30** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Aug. 14 1882**  
(Month) (Day) (Year)

Immediate cause of death  
**Respirated Acute Arteriosclerosis**  
**Non-specific**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

8. AGE: Years **64** Months **2** Days **3**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Retired**

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? \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name **Anton Herklotz**  
13. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Wilhelmina Schneider**  
15. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Anton Herklotz**  
(b) Address **3655 Bellerive Blvd.**  
17. (a) **Burial** (b) Date thereof **10/19/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Marcus**  
18. (a) Signature of funeral director **Wacker-Heldrich**  
(b) Address **3634 Gravois Ave.**  
19. (a) **OCT 18 1946** (b) **J. F. Bredenk**  
(Date received local registrar's certificate) (Registrar's signature)

23. Signature **Subrail E. Smyth** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **10/18/46**

(Licensed Embalmer's Statement on Reverse Side)

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

3410

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**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 Robert C. White

Licensed Embalmer No. 2178

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.**