

FILED SEP 21 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 324

Primary Registration District No. 6093

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Marshall, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Mo. State School
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 years (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Josephine Mary Hergemoder
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex 71 5. Color or race W
 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 6 1914
 (Month) (Day) (Year)

8. AGE: Years 32 Months 8 Days 0
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Patient

11. Industry or business _____

MOTHER FATHER
 12. Name Herman Hergemoder
 13. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Agnes Williams
 15. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Records, Mo. State School
 (b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 10-8-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. because the

18. (a) Signature of funeral director Charles J. ...
 (b) Address 10123 S. Charles R. Rd.

19. (a) 10-12-46 (b) Mrs. T. O. Westbrook
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 97
 (c) City or town Overland, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
 year 1946 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from investigated 1946 to Oct. 6 1946;
 that I last saw her alive on Oct. 5 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 93E
 Of autopsy _____

Duration _____
 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) _____
 (e) Means of Injury _____

23. Signature P. P. ... (M. D. or other) ...
 Address Miss. R. Rd. ... Date signed 10-6-46

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

3-10-46

16

Rec: Dist office No. 8.

No: —

Date: 10-19-46

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.....
Licensed Embalmer No. 3235
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.