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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 23 1946

State File No. 42488
Registrar's No. 10896

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, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess 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

3. (a) PRINT FULL NAME John Herzig
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Susan
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 12 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 6 hr. min.

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

10. Usual occupation Yardman

11. Industry or business Deaconess Hospital

12. Name Unknown Herzig

13. Birthplace Europe
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Europe
(City, town, or county) (State or foreign country)

16. (a) Informant Bozzie Herzig

(b) Address 1312 January Ave.

17. (a) Burial (b) Date thereof 12 20 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 19 1946 (Date received local registrar)
J. F. Brudek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1312 January Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th
year 1946 hour 4:35 minute _____ A. M.

21. I hereby certify that I attended the deceased from 12-1-46
_____ 19 _____ to 12-18 19 46
that I last saw him alive on 12-18-46 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to Senility

Due to _____

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

Major findings:
Of operations _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature P. B. Capperton (M. D. or other) M.D.

Address 3289 Woodlawn Ave Date signed 12-19-46

3184 [unclear]

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 *Edwin M Bernath*

Licensed Embalmer No. 3024

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.