

U.S. No. 2
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7958**
 Registrar's No. **359**

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1100 No. 25th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **2 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Buchanan**
 (c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1100 No. 25th Street**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mathilda Hertz**
3. (b) If veteran, name war **None** **3. (c) Social Security No.** **None**
4. Sex **Female** **5. Color or race** **Jewish**
6. (a) Single, widowed, married, divorced, widow **2**
6. (b) Name of husband or wife **Gottfried Hertz** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **November 14 1879**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **10**
 year **1947** hour **10** minute **20 P.M.**
21. I hereby certify that I attended the deceased from **at home**
Aug. 21 1946 to **Mar 10 1947**
 that I last saw **er** alive on **Mar 9 1947**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Generalized Carcinoma**
Primary focus uterus. Duration **? yrs**

8. AGE: Years **67** Months **3** Days **26**
 If less than one day
 hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations **48 B**
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace: **Unknown** **Germany**
(City, town, or county) (State or foreign country)
10. Usual occupation **At home**
11. Industry or business _____
MOTHER FATHER
12. Name **Unknown Erman**
13. Birthplace **Unknown** **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Caroline Frankel**
15. Birthplace **Unknown** **Germany**
(City, town, or county) (State or foreign country)
16. (a) Informant **Morris Hertz**
(b) Address **1100 N. 25th St., St. Joseph, Mo.**
17. (a) Burial **(b) Date thereof** **Mar. 12, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Adath Joseph Cemetery**
18. (a) Signature of funeral director **Halter Meierhoffer**
(b) Address **1945 Colhoun St., St. Joseph, Mo.**
19. (a) 3-14-47 (b) G. B. Jenkins
(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? _____
(Specify type of place)
23. Signature **Robert M. Conard** (M. D. or other) **M.D.**
Address **St. Joseph, Mo.** **Date signed** **Mar 11, 1947**

382 (Licensed Embalmer's Statement on Reverse Side)

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

MAR 14 1951

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 *Albert R. Harrington*
Licensed Embalmer No. 3258 Missouri
P. O. Address St. Joseph, 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.