

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19641
Registrar's No. 1680

Registration District No. 317

Primary Registration District No. 3070

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(c) Name of hospital or institution:
1004 S. Elm St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 1004 S. Elm St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude Hertweck
3. (b) If veteran, name war None
3. (c) Social Security No. _____
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Fred Hertweck
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 12, 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 27th
year 1947 hour 5:04 PM minute _____ M.
21. I hereby certify that I attended the deceased from Feb 27
1947 to May 27, 1947
that I last saw h. alive on May 27, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 2 15 hr. _____ min.

Immediate cause of death
Coronary thrombosis of the
pre-aortic artery
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace: Unknown Romania
(City, town, or county) (State or foreign country)

10. Usual occupation At home
11. Industry or business _____
12. Name Michael Pfeffermann
13. Birthplace Unknown Hungary
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Hungary
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Eugene Oesterle
(b) Address 4321 N. Mozart Chicago, Ills.
17. (a) Burial (b) Date thereof 5/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

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 _____

18. (a) Signature of funeral director Math Hermann & Son, Inc
(b) Address 2161 East Fair Ave
19. (a) 5-31-47 (b) Geal A. Hart
(Date received local registrar) (Registrar's signature)

23. Signature Ann Bern (M. D. or other) M.D.
Address 1918 East Gen Date signed _____

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

6
7
4

96
4
3
1

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 *William G. Buchholz*

Licensed Embalmer No. *21105*

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.