

FILED SEP 18 1947

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Louis's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 162 Wks.
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. 1027 N. Rock Hill Rd.
N.R. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Marie Hertel

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3
year 1947 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 11
1947 to Sept 3 1947
that I last saw her su alive on Sept 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Uremia

Duration 3 days

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oscar Hertel

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept. 13, 1888
(Month) (Day) (Year)

Due to bilobal Pyelonephrosis with bilobal atrophied kidneys

Due to stones

Other conditions acute P. acetab.

(Include pregnancy within 3 months of death)

Duration 3 years

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>11</u>	<u>20</u>	hr. _____ min. _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Edward Fickenscher

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

14. Maiden name Dora Koeller

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

16. (a) Informant Oscar Hertel

(b) Address 1027 N. Rock Hill Rd.

17. (a) Burial (b) Date thereof 9-6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

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)

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) SEP 5 1947 (b) J.F. Brudeck
(Date received local registrar) (Registrar's signature)

23. Signature Troster A. Doll (M. D. or other) MD

Address 7846 Manchester Date signed 9-4-47

Wafflewood Mo.

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.....

H. Burgess

Licensed Embalmer No.....

4029

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.