No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2616

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 777

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3931 Vest Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 72 Yrs., 1 Mo. 27 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3931 Vest Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY HERKENHOFF
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Herkenhoff (Deceased)
6. (c) Age of husband or wife if living years
7. Birth date of deceased November (Month) 27th (Day) 1875 (Year)

8. AGE: Years 72 Months 1 Days 28 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None

MOTHER FATHER
12. Name Charles Babo
13. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)
14. Maiden name Beradine Vandray
15. Birthplace Unk. (City, town, or county) Holland (State or foreign country)

16. (a) Informant Mrs Walter Flayer
(b) Address 1429 Angelica (Sister)
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 North 20th street
19. (a) JAN 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th year 1948 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan. 10, 1947, to Jan. 25, 1948 that I last saw her alive on Jan. 19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Diabetes mellitus — not known
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury
23. Signature George L. Mueller (M.D. or other)
Address 2504 N 14 Date signed Jan 26/48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Neville B. Grohwetter

Licensed Embalmer No. 3696

P. O. Address 3934 N 20th St

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.