. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

Registration District No. 918

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6480
Registrar's No. 1650

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri

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

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 5015 Louisiana Ave., (If rural, give location) 4

(e) Citizen of foreign country? (Yes or No) 15

If yes, name country

3. (a) PRINT FULL NAME: Alexander R. Herchold

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Olga Herchold

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

7. Birth date of deceased: February 28, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	11	17	hr. min.

9. Birthplace: Poland (City, town, or county) (State or foreign country) 4

10. Usual occupation: Machinist

11. Industry or business:

FATHER
12. Name: John Herchold
13. Birthplace: Poland (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name: Unknown
15. Birthplace: Poland (City, town, or county) (State or foreign country) 4

16. (a) Informant: Mrs. Olga Herchold
(b) Address: 5015 Louisiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Southern Funeral Home
(b) Address: 6322 S. Grand Blvd.,

19. (a) FEB 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th year 1948 hour 9 minute 40 p. M.

21. I hereby certify that I attended the deceased from 12-11- 19 47, to 2/15 19 48; that I last saw him alive on 2/15 19 48; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lt cerebral apoplexy	3 days
Due to: Cardio-vascular renal	several
Due to: Syndrome @ Hyper tension	mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: none

Of autopsy: none

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): no

(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: 0

23. Signature: [illegible] (M. D. or other)

Address: 3204 Wilmington Date signed: 2/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Wm J.
DR. WOTAWA,
3804 Wilmington
Ave 70 24

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 J. Wm Dunlap

Licensed Embalmer No. 3653

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.