

#81596

FEDERAL SECURITY AGENCY
National Office of Vital StatisticsMISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

24368

FILED JUL 28 1948

Registration District No.

Primary Registration District No.

1006

Registrar's No.

6449

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
 (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:
St. Louis City Hospital - Max C. Starkloff Memorial
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 43 years
 (Specify whether years, months or days)
 In this community 43 years

3. (a) PRINT FULL NAME JOHN HERL3. (b) If veteran, name war none3. (c) Social Security No. none4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Mae Herl 6. (c) Age of husband or wife if alive 64 years7. Birth date of deceased February 1st, 1878
(Month) (Day) (Year)8. AGE: Years 70 Months 5 Days 18 If less than one day hr. min.9. Birthplace Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Packer

11. Industry or business

12. Name Casper Herl13. Birthplace Illinois
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Mae Herl(b) Address 1318a Sullivan Ave.17. (a) Removal (b) Date thereof 7-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oakwood Cem., Alton(a) Signature of funeral director Hy. Leidner U. Co.(b) Address 2223 St. Louis Ave.19. (a) J. F. Brodack (b) J. F. Brodack
(Date signed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1318a Sullivan Ave. 9
 (If rural, give location) Memorial 0
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1948 hour 7 minute 02 P. M.21. I hereby certify that I attended the deceased from 4/20/48
19 to July 19th 19 48that I last saw h. im alive on July 19th 19 48
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary edema, acute Duration 2 hrs.
Due to Cardiac failure 3 mo.Due to Hypertensive and arteriosclerotic cardiovascular disease 3 mo.
Other conditions Encephalomalacia
(Include pregnancy within 3 months of death)Major findings: Left internal capsule PHYSICIAN
Of operations Some strangulation mild 6/17/48Of autopsy Same
Underline the cause to 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)

23. Did injury occur in or about home, on farm, in industrial place, in public place? 11

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Mills M.D. 1515 Lafayette 7/20/48 (Date signed)
Address _____

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 *John P. Buchholz*.....

Licensed Embalmer No. *1674*.....

P. O. Address *2223 St. Louis*.....

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.