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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. 318

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27807
Registrar's No. 2334

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(c) Name of hospital or institution St. Louis Route City Hosp
(d) Length of stay: In hospital or institution _____
In this community _____
3. (a) PRINT FULL NAME John Hertel
(b) If veteran, name war NONE
(c) Social Security No. NONE
4. Sex M 5. Color or race W
6. (b) Name of husband or wife Elizabeth M. Hertel
7. Birth date of deceased JAN 19 1867
8. AGE: Years 81 Months 7 Days 2
9. Birthplace GERMANY
10. Usual occupation Retired
11. Industry or business WATCHMAN
12. Name UNKNOWN Hertel
13. Birthplace GERMANY
14. Maiden name UNKNOWN
15. Birthplace GERMANY
16. (a) Informant Anna Mayer
(b) Address 3231 MORRISON AVE.
17. (a) BURIAL (b) Date thereof 8-23-48
(c) Place: burial or cremation SUNSET BURIAL PARK
18. (a) Signature of funeral director Wm. Bros. L. & U. Co.
(b) Address 2927 S. JEFFERSON AVE.
19. (a) AUG 21 1948 (b) J. F. Bieleck

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County HOW
(c) City or town ST. LOUIS
(d) Street No. 3240 MISSOURI
(e) Citizen of foreign country? _____
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 20 year 1948 hour 9 55 minute 9 M.
21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Due to _____
Due to _____
Other conditions _____
Major findings: Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature Wm. Bros. L. & U. Co. (M. D. or other) 3
Address 2927 S. Jefferson Ave. Date signed 8/21/48

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.....

Davis....., Registered Apprentice No.....
working under my personal supervision.

Signed Edgar F. With
Licensed Embalmer No. 2117

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.