

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27808**

FILED SEP 13 1948

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7688**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME **BABY HERTWEEK**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: **August 15th, 1948**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<b>5</b>	hr. _____ min.

9. Birthplace **St. Louis, Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **nil**

11. Industry or business \_\_\_\_\_

12. Name **Gregory Hertweek**

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

14. Maiden name **Mary Dillue**

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

16. (a) Informant **M. Renard**

(b) Address **St. Louis City Hospital**

17. (a) **Anatomical Board** (b) Date thereof **AUG 31 1948**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Anatomical Board**

18. (a) Signature of funeral director **Rowland Mortuary Service**

(b) Address **1104 Manchester Ave.**

19. (a) **AUG 31 1948** (b) **J. F. Medeck**  
 (Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1901 N. Grand Ave**  
**Memorial** (If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **20th**  
 year **1948** hour **11** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **8/15/48**  
 \_\_\_\_\_, 19\_\_\_\_, to **Aug. 20th**, 19 **48**  
 that I last saw her alive on **Aug. 20th**, 19 **48**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration  
**probably due to aspiration of formula**  
**probably due to aspiration of formula**  
 Due to **Premature Birth - Premature birth**

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death.)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (d) Date of occurrence \_\_\_\_\_  
 (e) 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?  
 While at work? **B. Roth M.D.** (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature **1515 Lafayette** (b) **8/29/48** (c) (Door or other)  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

**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.....

Licensed Embalmer No.....

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.**