

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24890

State File No.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

6495

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (in this place) <u>3</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>enroute to Christian Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>5360 Union Blvd</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Harry</u>			b. (Middle) <u>J.</u>			
			c. (Last) <u>Hertling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>September 11 1886</u>			
						9. AGE (In years last birthday) <u>62</u>			
						IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u>			
						IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal Worker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Blow Pipe</u>					
11. BIRTHPLACE (State or foreign country) <u>St. Louis MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Henry Hertling</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Stella Hertling</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella Hertling 5360 Union Blvd</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>								<u>2 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES					
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (b) <u>Mitral Stenosis</u>				<u>years</u>	
				DUE TO (c) <u>Rheumatic heart disease</u>				<u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>937</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>H16X</u>				
22. I hereby certify that I attended the deceased from <u>July 25, 1949</u> , to _____, 19____, that I last saw the deceased alive on <u>July 25, 1949</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Burklee Eck M.D.</u>					23b. ADDRESS <u>4701 St. Louis Ave</u>			23c. DATE SIGNED <u>July 26, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 28 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>		
DATE REC'D BY LOCAL REG. <u>JUL 27 1949</u>				REGISTRAR'S SIGNATURE <u>J. B. Basater</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Futz 4828 Nat. Bridge Bl</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING 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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ralph C. Linder.....

Licensed Embalmer No. 4275.....

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.