

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38816

State File No. 10499
Registrar's No. 10499

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) St Louis c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) St Louis d. STREET ADDRESS (If rural, give location) 5791 Westmunder

d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp D

3. NAME OF DECEASED
a. (First) Annie b. (Middle) E. c. (Last) Hertzog 4. DATE OF DEATH (Month) (Day) (Year) 12 5 1949

5. SEX F 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wed. 8. DATE OF BIRTH Feb 14, 1870 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Trenton Tenn 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Julius Elbert 13b. MOTHER'S MAIDEN NAME Ida Cohen 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Corwyn Elbert ADDRESS 5791 Westmunder

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease
DUE TO (c) Pulmonary Edema 4 days
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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (s.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Heart

22. I hereby certify that I attended the deceased from Dec 2, 1949, to Dec 5, 1949, that I last saw the deceased alive on Dec 5, 1949, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE American M. Tupper (Degree or title) _____ 23b. ADDRESS 508 N Grand 23c. DATE SIGNED 12/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation 24b. DATE 12/7/49 24c. NAME OF CEMETERY OR CREMATORY Valhalla 24d. LOCATION (City, town, or county) (State) St Louis Co Mo

25. FUNERAL DIRECTOR'S SIGNATURE J. B. Pasater ADDRESS 4356 Lueder

DATE REC'D BY LOCAL REG. DEC 6 1949 REGISTERAR'S SIGNATURE _____

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 Elmo P. Padwell

Licensed Embalmer No. 4077

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.