

FILED JUN 3 1950

STANDARD CERTIFICATE OF DEATH

18263

State File No. ....

BIRTH NO. ... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4679

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 1099	
c. LENGTH OF STAY (in this place) 65 yrs.		d. STREET ADDRESS (If rural, give location) 1918 ) Obear Ave. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Herchenroeder c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 26, 1950		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 11, 1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 5 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Meat Cutter	10b. KIND OF BUSINESS OR INDUSTRY Butcher Shop	11. BIRTHPLACE (State or foreign country) Waterloo, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob Herehenroeder	13b. MOTHER'S MAIDEN NAME Pauline Manewal	14. NAME OF HUSBAND OR WIFE Dora Herchenroeder
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 490-12-0098	17. INFORMANT'S SIGNATURE OR NAME Dora Herchenroeder	ADDRESS 1918 Obear Ave.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart Disease</u> <u>Cardiac Decompensation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <u>Arteriosclerosis, generalized.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-6 weeks</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Hypertrophy</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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>As a fall</u>
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22. I hereby certify that I attended the deceased from May 20, 1950, to May 26, 1950, that I saw the deceased alive on May 25, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>David Friedman M.D.</u> (Degree or title)	23b. ADDRESS <u>634 N. Grand Blvd.</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 29, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, CO. MO.</u>
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DATE REC'D BY LOCAL REG. <u>MAY 27 1950</u>	REGISTRAR'S SIGNATURE <u>J B Pasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Suedmeyer &amp; Son's 3934 N. 20 Street</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300 10.48

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....

Signed *Neville B. Prohiviter*

Licensed Embalmer No. *3696*

P. O. Address *3934 N. 20th ST.*

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.