

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH
a. COUNTY **St. Louis, Mo.**
b. CITY (If outside corporate limits, write RURAL and give town) **Saint Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Barnes Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Saint Louis**
d. STREET ADDRESS (If rural, give location) **4910 West Pine Blvd.,**

3. NAME OF DECEASED (Type or Print)
a. (First) **Charles**
b. (Middle) _____
c. (Last) **Hertenstein**
4. DATE OF DEATH (Month) (Day) (Year) **7 21 50**

5. SEX **Male**
6. COLOR OR RACE **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Apr. 15th, 1873**
9. AGE (In years last birthday) (If under 1 year) (If under 12 hrs.) **77 3 6**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired City Official**
10b. KIND OF BUSINESS OR INDUSTRY **City of St. Louis**
11. BIRTHPLACE (State or foreign country) **Cincinnati, Ohio**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unknown**
13b. MOTHER'S MAIDEN NAME **Unknown**
14. NAME OF HUSBAND OR WIFE **Corinne Hertenstein nee Fraesie**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Unknown**
16. SOCIAL SECURITY NO. **Unknown**
17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Corinne Hertenstein, 4910 West Pine Blvd.**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Gastric erosion with regurgitation**
ANTECEDENT CAUSES
DUE TO (b) **Myocardial infarction**
DUE TO (c) **Hypertensive cardiovascular disease**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Chronic lymphatic leukemia**
INTERVAL BETWEEN ONSET AND DEATH **2-3 hours**
three wks. & 6 months
15-20 yrs.
6 months

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? **42nd**

22. I hereby certify that I attended the deceased from **5-31**, 19**50**, to **7-21**, 19**50**, that I last saw the deceased alive on **7-21**, 19**50**, and that death occurred at **11:18a.**, from the causes and on the date stated above.

23a. SIGNATURE **C.D. Vermillion M.D.**
23b. ADDRESS **Barnes Hospital**
23c. DATE SIGNED **7-21-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Entombment**
24b. DATE **7/24/50**
24c. NAME OF CEMETERY OR CREMATORY: **Oak Grove Mausoleum**
24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **JUL 24 1950**
REGISTRAR'S SIGNATURE **Jr. B. Fasater**
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Calvin F. Feutz, 4828 Natural Bridge Blvd.**

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

July

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.

Student Embalmer No.....

Signed.....

Ralph E. Linders

Signed.....

Student Embalmer

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.