

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38611

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10056

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Lutheran Hosp</u> | | d. STREET ADDRESS (If rural, give location) <u>1820 S. Jefferson</u> | |

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|--|---------------------------|--------------------------|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>John</u> | b. (Middle) <u>J.</u> | c. (Last) <u>Herzing</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23 1950</u> |
|--|---------------------------|--------------------------|-----------------------------|---|

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|-----------------------|----------------------------------|---|---|--|--------------------------|------------------------|-------------------------|------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>April 7 1899</u> | 9. AGE (In years last birthday) <u>51</u> | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 YEAR Hours | # UNDER 1 YEAR Min. |
|-----------------------|----------------------------------|---|---|--|--------------------------|------------------------|-------------------------|------------------------|

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|---|-----------------------------------|---|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Resturant Own</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>St. Louis</u> | 12. CITIZEN OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME <u>John J. Herzing Sr.</u> | 13b. MOTHER'S MAIDEN NAME <u>Johanna Ley</u> | 14. NAME OF HUSBAND OR WIFE |
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| 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 <u>Robert Paulus</u> | ADDRESS <u>29 Grantwood Aftn</u> |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Poisoning</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chrom. nephroses. Pericarditis</u> DUE TO (c) <u>Chrom. Hypertens. heart disea</u> | | <u>6 wks</u> <u>6 wks</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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>H#2X</u> |
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22. I hereby certify that I attended the deceased from 9-13 1950, to 11-23 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 P m., from the causes and on the date stated above.

| | | | |
|--|-------------------|---------------------------------------|--|
| 23a. SIGNATURE <u>A M [Signature]</u> | (Degree or title) | 23b. ADDRESS <u>3701 [Address]</u> | 23c. DATE SIGNED <u>Nov 25 1950</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-27-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u> |
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| DATE REC'D BY LOCAL REG. <u>Nov 27 1950</u> | REGISTRAR'S SIGNATURE <u>J B [Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schumacher</u> | ADDRESS <u>3013 Meramec</u> |
|--|---|---|--------------------------------|

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Jack Knight

Signed.....

Student Embalmer

Licensed Embalmer No. *4746*

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.