

FILED JAN 19 1951
#78683

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2607

State File No.

318

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108

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). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				e. STREET ADDRESS (If rural, give location) 1447 Chambers St.			
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN J. (Harvey)		b. (Middle) HERWECK		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 5th, 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 4th, 1885		9. AGE (In years last birthday) 65		10. UNDER 1 YEAR Months Days		11. UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintainance Man		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Herweck		13b. MOTHER'S MAIDEN NAME Mary Ann Burke		14. NAME OF HUSBAND OR WIFE Mary Herweck,			
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 Mary Herweck, 1447. Chambers St.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cor pulmonale</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic fibrosis of lungs</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Acute pyelonephritis</i>				INTERVAL BETWEEN ONSET AND DEATH 15-20 yrs 10 da	
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)		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? <i>525X</i>				22. I hereby certify that I attended the deceased from <u>12/12/50</u> 19, to <u>1/5/51</u> , 19, that I last saw the deceased alive on <u>1/5/51</u> , 19, and that death occurred at <u>7:30am</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <i>William Carter M.D.</i>		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 1/5/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 5th, 1951		24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JAN 6 1951		REGISTRAR'S SIGNATURE <i>J. B. Laster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner Und. Co. 2223 St. Louis Av.			

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.....
Student Embalmer

Signed.....

John P. Buchholz
Licensed Embalmer No. *1674*

P. O. Address *2723 St. Louis Ave*

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.