No. 300
No. 48

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40146

State File No.

BIRTH NO. REG. DIST. NO. 3-7 PRIMARY REG. DIST. NO. 3070 Registrar's No. 3544

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GLENWOOD SANATORIUM

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2419
d. STREET ADDRESS (If rural, give location): 4217 BATES

3. NAME OF DECEASED (Type or Print)
a. (First): GRETCHEN
b. (Middle): EILTS
c. (Last): HERZOG

4. DATE OF DEATH (Month) (Day) (Year): 10 29 51

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 8-21-1882
9. AGE (In years last birthday): 69
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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ~~Illinois~~ Cappelin Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: REV. E. H. EILTS
13b. MOTHER'S MAIDEN NAME: ~~MARGARET METZ~~ Meinta
14. NAME OF HUSBAND OR WIFE: Michael J. Herzog

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: A. M. HERZOG
ADDRESS: 6010 Leona

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 15 MINS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive - Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Agitated Depression ACUTE

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
4200
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-24, 1951, *to* 10-29, 1951, *that I last saw the deceased alive on* 10-29, 1951, *and that death occurred at* 9:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Harlow M.D.
23b. ADDRESS: 6331 Delmar Blvd.
23c. DATE SIGNED: 10-29-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-1-1951
24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cemetery
24d. LOCATION (City, town, or county) (State): 7901 Gravois Ave Mo

DATE REC'D BY LOCAL REG.: 10-30-51
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: Ziegenhein Bros
ADDRESS: 6409 Gravois Ave

(Licensed Embalmer) (See Statement on Reverse Side)

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

JAN 2 1953

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 Van M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No. 40146 51

Local Registrar's No. 3544

AFFIDAVIT FOR CORRECTION OF A RECORD

On this sixth day of November, 1952, before me appears Marcella M. Dyer, who, upon her oath, states that the original record of ~~birth~~ death for Gretchen Eilts Herzog, died ~~born~~ October 29, 1951, in the State of Missouri, and which was filed at Clayton, Missouri on October 30, 1951, should be corrected as follows:

Item No. 11 should read Cappeln, Missouri
Instead of Illinois

Item No. 13b should read Elise Meints
Instead of Margaret Meinz

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Marcella M. Dyer Daughter
Relationship.

4928 Lindenwood Pl.
Present Address
St. Louis, 4, Mo.

Subscribed and sworn to before me this 6th day of November, 1952.

My Commission expires August 8, 1954 Pauline Cole Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667