S. No. 300
v. 10.48

4009

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43529

FILED JAN 10 1952

BIRTH NO. _____ REG. DIST. NO. 3 7 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3911

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JENNINGS.
c. LENGTH OF STAY (in this place): 2 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ELMS NURSING HOME.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 2 0 8 4
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, 1
d. STREET ADDRESS (If rural, give location): 1839 SWITZER AV.

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

4. DATE OF DEATH (Month) DEC (Day) 6 (Year) 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED.
8. DATE OF BIRTH: AUG 28, 1867
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 3, Days 8 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED.
10b. KIND OF BUSINESS OR INDUSTRY: SHARLEICH. HDW.
11. BIRTHPLACE (State or foreign country): GERMANY.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: NOT KNOWN.
13b. MOTHER'S MAIDEN NAME: NOT KNOWN.
14. NAME OF HUSBAND OR WIFE: MARY L. HERZOG.
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.: 498-09-7504
17. INFORMANT'S SIGNATURE OR NAME: Rose B. Herzog. ADDRESS: 1839 Switzer Ave.

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary edema (intermittent) — 6 mos
DUE TO (c) Cirrhosis of liver (chronic congestion) — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
General senility — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 581 D
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* Dec., 1948, *to* Nov. 30, 1951, *that I last saw the deceased alive on* Nov. 30, 1951, *and that death occurred at* 6:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bertile Eck (Degree or title): M.D.
23b. ADDRESS: 508 N. Grand
23c. DATE SIGNED: Dec. 7, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION.
24b. DATE: DEC 8, 1951
24c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CREMATORY
24d. LOCATION (City, town, or county): ST. LOUIS, Co. (State): MO.

DATE REC'D BY LOCAL REG.: 12-7-51
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] ADDRESS: 5967 W. Florissant Ave.

(Licensed Embalmer's Statement on Reverse Side)

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~~ Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Geo W Wilkinson

Licensed Embalmer No. 3575

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.