

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15798

State File No. ....

APR 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3699

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3-wks.		c. CITY OR TOWN Normandy	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital		e. STREET ADDRESS (If rural, give location) 7347 Burwood Drive <u>4171</u>			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) C. c. (Last) Hertrich			4. DATE OF DEATH (Month) (Day) (Year) Apr. 6, 1953		
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Dec. 24, 1892	9. AGE (In years) (last birthday) 60	IF UNDER 1 YEAR Months 3	IF UNDER 2 HRS. Hours 12	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Adjuster		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME John Hertrich		13b. MOTHER'S MAIDEN NAME Regina Weise		14. NAME OF HUSBAND OR WIFE Mrs. Adelaide Hertrich			
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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) no		16. SOCIAL SECURITY NO. 492-05-2413		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Adelaide Hertrich, 7347 Burrwood Dr.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cystic Necrosis of Rt. Frontal Brain</u>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION 4-4-53		19b. MAJOR FINDINGS OF OPERATION <u>Cystic necrosis of Right Frontal Brain</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>332X</u>	
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22. I hereby certify that I attended the deceased from 4-3, 1953, to 4-6, 1953, that I last saw the deceased alive on 4-6, 1953, and that death occurred at 3:25 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank A. Palazzo MD</u>		(Degree or title)		23b. ADDRESS <u>4161 Lindell Blvd</u>		23c. DATE SIGNED <u>4-7-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 9, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 8 1953		FURNERAL DIRECTOR'S SIGNATURE <u>J. Donnelly</u>		ADDRESS 3840 Lindell Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *3565*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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