U.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16626

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 954

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (In this place): 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 3946 SOUTH BROADWAY

2249

3. NAME OF DECEASED (Type or Print)
a. (First): AUGUST
b. (Middle): H.
c. (Last): HERGET

4. DATE OF DEATH (Month) (Day) (Year): 3-30-53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 7-27-98
9. AGE (In years last birthday): 54 — 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): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: SHEET METAL WORK
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: AUGUST O. HERGET
13b. MOTHER'S MAIDEN NAME: HELEN HAMPEL
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWI & WWII
16. SOCIAL SECURITY NO.: 494 01 3370
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS, JEFF.BKS, MO.

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) Adeno carcinoma of rectum with metastases.

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.*

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 154X
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* 3-7-53, 19___, *to* 3-30-53, 19___, *and that death occurred at* 1:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. A. Allen (Degree or title): R. A. ALLEN, M.D.
23b. ADDRESS: VA HOSPITAL, JEFF.BKS, MO.
23c. DATE SIGNED: 3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/2/53
24c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cem
24d. LOCATION (City, town, or county) (State): Lemay 23 - Mo.

DATE REC'D BY LOCAL REG.: 3-31-53
REGISTRAR'S SIGNATURE: Herbert R. Dowell M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Fendler Und. Co. 7420 Michigan

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.....

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

working under my personal supervision.

Student.....
Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7829 Michigan

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.