

No. 300
Jo. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44707**

FILED **DEC 21 1953**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3000

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

4401

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ladue Village		c. LENGTH OF STAY (in this place) 11 Days.	c. CITY OR TOWN Kirkwood
d. FULL NAME OF HOSPITAL OR INSTITUTION # 25 Woodcraft Drive.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 634 Norfolk Dr.		(If rural, give location) 4403	

3. NAME OF DECEASED (Type or Print) Anna	a. (First)	b. (Middle)	c. (Last) Hershfelt	4. DATE OF DEATH Nov. 20, 1953.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July. 16, 1870.	9. AGE (In years last birthday) 83.	10 UNDER 1 YEAR Months Days	11 UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and State or Foreign Country) Belleville, Illinois.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Phillip Gundlach	13b. MOTHER'S MAIDEN NAME Josephine Weingaertner	14. NAME OF HUSBAND OR WIFE Ralph Hershfelt (DCSD)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Nil.	17. INFORMANT'S SIGNATURE OR NAME Walter Hershfelt, 634 Norfolk Dr.	ADDRESS 634 Norfolk Dr.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION Kirkwood, Missouri		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) As above	DUE TO (b) Arteriosclerosis		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1951, to Jan, 1953, that I last saw the deceased alive on Jan, 1953, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter B. Jentzen	23b. ADDRESS 9277 E. Rockwood	23c. DATE SIGNED 12-9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-20-53	24c. NAME OF CEMETERY OR CREMATORY Carlyle, Cemetery.	24d. LOCATION (City, town, or county) (State) Carlyle, Illinois.
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DATE REC'D BY LOCAL REG. 11-20-53	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington.
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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..... *G. W. Wilkinson*

Licensed Embalmer No. *357*

P. O. Address *St. Louis*

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.