

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6307**
Registrar's No. **1460**

FILED MAR 4 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5210 Paulian Place		d. STREET ADDRESS (If rural, give location) 5210 Paulian Place			
3. NAME OF DECEASED (Type or Print) a. (First) Herman		b. (Middle) Henry		c. (Last) Hertlein	
4. DATE OF DEATH (Month) (Day) (Year) 2 - 13 - 54		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2 - 20 - 1892		9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY Public Service		11. BIRTHPLACE (City and State or Foreign Country) Beaufort, Missouri	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME George Hertlein		13b. MOTHER'S MAIDEN NAME Louise Lottmann	
14. NAME OF HUSBAND OR WIFE Anna Hertlein		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-10-9078	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Hertlein		ADDRESS 5210 Paulian Pl.		18. NO. OF DEATH	
18. NO. OF DEATH		19. MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 1 DAY			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) MYOCARDIUM			
DUE TO (c)		19. MAJOR FINDINGS OF OPERATION			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. ZIBFLV EHZ A			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 42.01		22. I hereby certify that I attended the deceased from 8-31, 1953 , to 2-13, 1954 , that I last saw the deceased alive on 2-13, 1954 , and that death occurred at 6AM m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles Smith MD		23b. ADDRESS 2194 Hockaday Ave		23c. DATE SIGNED 2-13-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/16/54		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		DATE REC'D BY LOCAL REG. FEB 16 1954		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union Blvd.	

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

Dr. O. O. White Sat. 2-5
No morning hrs Mon. 2-5
1194 Hoddamont

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 *Albert R. Thompson*

Licensed Embalmer No. *42*

P. O. Address *St. J.*

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.