

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25796

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1694

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY OR TOWN <u>Affton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton 82</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7922 Joel</u>		d. STREET ADDRESS (If rural, give location) <u>7922 Joel</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Maude</u>	b. (Middle) <u>M</u>	c. (Last) <u>Hertel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1954</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 21, 1884</u>	9. AGE (In years last birthday) <u>70</u>	10 UNDER 1 YEAR <u>  </u> Months	10 UNDER 1 YEAR <u>  </u> Days	10 UNDER 1 YRS. <u>  </u> Hours	10 UNDER 1 YRS. <u>  </u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mt Pulaski, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Iden</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Wisemant</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Hertel</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>4475</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Hertel</u>	ADDRESS <u>7922 Joel</u>
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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 <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic meningia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>chronic psychoneurotic</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis; diabetes</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>6000</u> 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 July 1953, to June 25, 1954, that I last saw the deceased alive on June 25, 1954, and that death occurred at 4:00A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. S. Pollock M.D.</u>	23b. ADDRESS <u>2511 S. Grand</u>	23c. DATE SIGNED <u>7/14/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7/15/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ole SS Peter &amp; Paul</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>7/15/54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>W J Ziegenhein &amp; Sons 7027 Gravois</u>
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(Licensed Embalmers' Statehood on Reverse Side)

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

*C. P. Kidwell*

Licensed Embalmer No. 3877

P. O. Address 2027

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.