

No. 300
10.48

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. **10604**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **710**

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

1. PLACE OF DEATH a. COUNTY St. Louis		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 township) OR TOWN Normandys		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Bellefontaine Neighbors	
c. LENGTH OF STAY (In this place) 14 days		d. STREET ADDRESS (If rural, give location) 9820 Highway 67	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORMANDY OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print) WILLIAM H. HERCHEY REDER			4. DATE OF DEATH MARCH 26 55		
a. (First)		b. (Middle)		c. (Last)	
5. SEX M		6. COLOR OR RACE CAUC.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWER	
8. DATE OF BIRTH DEC 29 1883		9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOCK CLERK		10b. KIND OF BUSINESS OR INDUSTRY SCHLUETER MFG		11. BIRTHPLACE (State or foreign country) BALDWIN MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME John Adam Herchenreder		13b. MOTHER'S MAIDEN NAME Amelia Strecker		14. NAME OF HUSBAND OR WIFE ANNA HERCHERREDER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-05-0095		17. INFORMANT'S SIGNATURE OR NAME William L. Adams 67	

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) Vasomotor Collapse		DUPLICATE OF (b) Surgical Trauma			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE OF (c) Hepatic Carcinoma 5			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION March 25 1955		19b. MAJOR FINDINGS OF OPERATION Neoplastic liver disease with Necrosis			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?		

22. I hereby certify that I attended the deceased from **3-12, 1955**, to **3-26, 1955**, that I last saw the deceased alive on **3-26, 1955**, and that death occurred at **8:35 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Robert W. Shelly (Degree or title) DO		23b. ADDRESS 1917 N. Hanley St. Louis 14, Mo		23c. DATE SIGNED 3-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-30-55		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri					

DATE REC'D BY LOCAL REG. 3/28/55		REGISTRAR'S SIGNATURE Hebert K. Romberg M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alvin F. Feutz, 4828 Nat'l Bridge Blvd.	
---	--	---	--	---	--

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: *Ralph C. Lindner*

Licensed Embalmer No. *4275*

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