

FILED AUG 19 1955

STANDARD CERTIFICATE OF DEATH

State File No. 27157

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY PERRY COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STE GENEVIEVE	
b. CITY (If outside corporate limits, write RURAL and give township) PERRYVILLE		c. CITY OR TOWN STE GENEVIEVE	
c. LENGTH OF STAY (in this place) 18 DAYS		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION PERRY COUNTY MEMORIAL HOSP.		e. STREET ADDRESS (If rural, give location) 333 9th St. East	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) REGINA c. (Last) HERZOG			4. DATE OF DEATH (Month) (Day) (Year) July 28 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 8 1869
9. AGE (In years last birthday) 86		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and State or Foreign Country) STE GENEVIEVE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SEBASTIAN GEILER		13b. MOTHER'S MAIDEN NAME VICTORIA FALK	
14. NAME OF HUSBAND OR WIFE JOSEPH HERZOG		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AGNES HERZOG	
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.		19. ADDRESS STE GENEVIEVE, Mo	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute appendicitis		INTERVAL BETWEEN ONSET AND DEATH 23 days
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.		Gangrene, rt. leg 4 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 10 July, 1955 to 28 July 1955 that I last saw the deceased alive on 28 July, 1955 and that death occurred at 2:05 P.M., from the causes and on the date stated above.		
23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS [Address]	23c. DATE SIGNED JUL 30 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 1 1955	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State) STE GENEVIEVE MISSOURI		
DATE REC'D BY LOCAL REG 7-30-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]

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

AUG 31 1955

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 *Jerome A. Scanto*.....

Licensed Embalmer No. *381*.....

P. O. Address *St. George*.....

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.