

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28549**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 1864	
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 town(ship)) OR TOWN Normandy		c. LENGTH OF STAY (in this place) 6 yrs		c. CITY OR TOWN Normandy		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 3731 Oakmount Ave.				e. STREET ADDRESS (If rural, give location) 3731 Oakmount Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY			b. (Middle) GUSTIVE (Chick)			c. (Last) HERTICH	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1955							
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 21, 1883	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EDITOR			10b. KIND OF BUSINESS OR INDUSTRY NEWSPAPER			11. BIRTHPLACE (City and State or Foreign Country) STE. GENEVIEVE, MO.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13a. FATHER'S NAME CHARLES HERTICH			13b. MOTHER'S MAIDEN NAME SALLY VIVIAN			14. NAME OF HUSBAND OR WIFE LILY OSTERMAN HERTICH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 493-07-7509		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lily Hertich 3731 OAKMOUNT			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Infarction 7 yrs ago					INTERVAL BETWEEN ONSET AND DEATH Immediate 2 yrs
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from Aug , 19 52 , to Aug 9 , 19 55 , that I last saw the deceased alive on Aug 9 , 19 55 , and that death occurred at 2:40pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. Stachle M.D.				23b. ADDRESS 712 E Natural Bridge		23c. DATE SIGNED 8.10.55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Aug. 12, 1955		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI	
DATE REC'D BY LOCAL REG. 8/10/55		REGISTRAR'S SIGNATURE Herbert J. Dombrowski		25. FUNERAL DIRECTOR'S SIGNATURE Chas. H. Kelly		ADDRESS 7267 NATURAL BRIDGE	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Francis J. [Signature]*.....

Licensed Embalmer No. *4512*.....

P. O. Address *S. Davis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.