

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

State File No. **34829**  
Registrar's No. **9416**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>4 days</b>		c. CITY OR TOWN <b>St. Louis</b>		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 <b>Marian Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>17 4148 Shenandoah 2170</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Regina</b> b. (Middle) <b>NMI</b> c. (Last) <b>Hertel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 27, 1955</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>October 18, 1877</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>9</b> Days	IF UNDER 24 HRS. Hours <b>9</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nil</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Hungary</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Peter Blum</b>			13b. MOTHER'S MAIDEN NAME <b>Regina Gotschall</b>		14. NAME OF HUSBAND OR WIFE <b>George Hertel</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Schreiner 5408 Sutherland Ave.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemiplegia (right side)</b>  ANTECEDENT CAUSES <b>DUO TO (b) Arterio-Sclerosis</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  <b>DUO TO (c)</b>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>334x</b>				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?			
22. I hereby certify that I attended the deceased from <b>Oct. 22, 1955</b> , to <b>Oct. 27, 1955</b> , that I last saw the deceased alive on <b>Oct. 27, 1955</b> , and that death occurred at <b>8:00 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>K. G. Nease MD</b>				23b. ADDRESS <b>3109 S. Grand Blvd. St. Louis, 18, Mo.</b>		23c. DATE SIGNED <b>10/28/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Oct. 31, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>OCT 28 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hoffmeister Colonial Mortuary 6464 Chippewa St.</b>			

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

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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.....  
*Linus C. Hoffmann*

Licensed Embalmer No. 387

P. O. Address 7514 S. 1st

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.