

FILED MAY 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19646

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1185

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>St. Louis</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Valley Park</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | a. STATE <u>Missouri</u> | | b. COUNTY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedarcroft Convalescent Home</u> | | Length of stay in lb <u>20 days</u> | | d. STREET ADDRESS (If outside, give location) <u>4148 Shenandoah Avenue</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle Last <u>HERTEL</u> | | | | 4. DATE OF DEATH Month <u>May</u> Day <u>6</u> Year <u>1957</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Feb. 1, 1877</u> | |
| 9. AGE (In years last birthday) <u>80 yrs.</u> | | IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u> Hours <u>2</u> Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Austria-Hungary</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13. FATHER'S NAME <u>Martin Hertel</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Rosina Pitri</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>498-07-8373A</u> | | 17. INFORMANT <u>Mrs. Charles F. Kohlmann, Chicago, Ill.</u> Address <u>3347 W. 65th St.,</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4221</u> | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ | | | |
| 21. I attended the deceased from <u>Feb. 5, 1953</u> to <u>May 6, 1957</u> and last saw <u>him</u> alive on <u>Apr. 30, 1957</u> . Death occurred at <u>5:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Charles F. Kohlmann</u> (Degree or title) <u>M.D.</u> | | | | 22b. ADDRESS <u>3109 S. Grand Blvd.</u> | | 22c. DATE SIGNED <u>5/6/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>5-8-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</u> ADDRESS _____ | | | | 25. DATE RECD. BY LOCAL REG. <u>5-8-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Herbert A. Donahy</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 _____

Licensed Embalmer No. 40

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.