

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED SEP 4 1957

State File No. **30319**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **1939**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before death.)	
a. COUNTY <b>St. Louis</b>		a. STATE <b>MISSOURI</b>	b. COUNTY <b>St. Louis</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. CITY OR TOWN <b>Valley Park</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>4 days</b>		e. STREET ADDRESS (If rural, give location) <b>25 Vance Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>JOSEPH</b>	b. (Middle) <b>S</b>	c. (Last) <b>HERTWECK</b>	<b>Aug. 2, 1957</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 28, 1893</b>	<b>9. AGE</b> (In years last birthday) <b>63</b>	<b>10. IF UNDER 1 YEAR</b> Months <b>10</b> Days <b>4</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Self Employed</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Tavern Owner</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kirkwood, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>Henry Hertweck</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>May Weigel</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Irene Hertweck</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W. W. I</b>	<b>16. SOCIAL SECURITY NO.</b> <b>489-14-5176</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Irene Hertweck, 25 Vance Rd., Valley Park, Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 yr.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Idiopathic Cardiac Dilatation</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus 260X</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from June, 1956, to Aug 2, 1957, that I last saw the deceased alive on Aug. 2, 1957, and that death occurred at 5:30 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Charles Miller M.D.</b>	<b>23b. ADDRESS</b> <b>206 N. Clay, Kirkwood, Mo.</b>	<b>23c. DATE SIGNED</b> <b>8-3-57</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>8/6/57</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Hill Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Kirkwood, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>8/5/57</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Herbert B. Donleah</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Louis H. Bopp, Jr.</b>	<b>ADDRESS</b> <b>Kirkwood, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

206 N. Clay, Mo.

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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 *Francis J. Mayland Jr.*

Licensed Embalmer No. *4572*

P. O. Address *Richard*

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.