

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Length of stay in 1b	c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>LUTHERAN HOSPITAL</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2330th S. 11th ST.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>GEORGE</i> Middle <i>R</i> Last <i>HERWIG</i>			4. DATE OF DEATH Month <i>JAN.</i> Day <i>13</i> Year <i>1961</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>OCT 24, 1890</i>	9. AGE (last birthday) <i>70</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED BEER BOTTLER</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>MISSOURI</i>		12. CITIZEN OF WHAT COUNTRY <i>U-S-A</i>
13a. FATHER'S NAME <i>JOHN HERWIG</i>		13b. MOTHER'S MAIDEN NAME <i>ANN STEIN</i>		14. NAME OF HUSBAND OR WIFE <i>EDNA HERWIG (DECD)</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>ANN FUERST 2727 UTAH</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Acute Coronary Disease</i>					<i>1/2 Hour</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Heart Disease</i>					<i>20 years</i>
DUE TO (c) <i>420.0</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year				
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 <i>Dec. 22 '60</i> to <i>Jan 13, '61</i> and last saw him alive on <i>Jan 13th '61</i> Death occurred at <i>9:45 P</i> .m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>C E Stein del, M.D.</i> (Degree or title)			22b. ADDRESS <i>3701 Grandview Sq.</i>		22c. DATE SIGNED <i>1/16/61</i> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>JAN 17, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MOUNT HOPE CEMETERY ST. LOUIS,</i>		23d. LOCATION (City, town, or county) <i>MO.</i>	
24. GENERAL DIRECTOR <i>Thomas Kuttis 2906 Gravois</i>		25. DATE RECD BY USUAL REG. <i>JAN 17 1961</i>		26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i>	

BY AFFIDAVIT OF

2-4
1910-11
Lent

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 *James C. Hill*

Licensed Embalmer No. 43471

P. O. Address 2906 Sea

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.