

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020008
STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 14

FILED MAY 29 1961

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| 1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | Length of stay in 1b 50 YRS. | c. CITY OR TOWN | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RIVER AUX VASES | | d. STREET ADDRESS (If outside, give location) RIVER AUX VASES | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First LEONARD Middle JOSEPH Last HERZOG | | | 4. DATE OF DEATH Month MAY Day 18 Year 1961 | | |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-4-1910 | 9. AGE (last birthday) 50 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PARLORING | | 10b. KIND OF BUSINESS OR INDUSTRY RIVER AUX VASES, MO. | 11. BIRTHPLACE (City and state or country) RIVER AUX VASES, MO. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME HENRY HERZOG | 13b. MOTHER'S MAIDEN NAME CATHERINE BASLER | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO | 17. INFORMANT JOHN HERZOG | Address ROUTE # 3 FARMINGTON, MO |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 22 CALIBER REVOLVER WOUND IN FOREHEAD SELF INFLICTED FRANT OF JURY | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| 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 | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) GUNSHOT WOUND IN FOREHEAD |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 5-18-61 |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME | 20f. CITY, TOWN, OR LOCATION STE GENEVIEVE | COUNTY CO | STATE MO |
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21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Geo. C. Sachs Coroner | 22b. ADDRESS Ste. Genevieve Mo | 22c. DATE SIGNED 5/24/61 |
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|------------------------------------------------------------|-----------------------------|------------------------------------------------------------|---------------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 5-23-61 | 23c. NAME OF CEMETERY OR CREMATORY ST. CATHERINE | 23d. LOCATION (City, town, or county) (State) COFFLAN, MISSOURI |
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| 24. FUNERAL DIRECTOR JERRY STANTON | ADDRESS LORTUARY STE. GENEVIEVE MO. | 25. DATE RECD. BY LOCAL REG. 22 May 1961 | 26. REGISTRAR'S SIGNATURE George F. Wood |
|----------------------------------------------|-----------------------------------------------|----------------------------------------------------|----------------------------------------------------|

AMENDED
 DATE BY
 ITEM NO. SHOULD READ
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

MAY 31 1961

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

Stanley H. Ripon

Licensed Embalmer No.

4193

P. O. Address

St. Louis

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.