

FILED NOV 23 1942 318

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community Over 30 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 431 Laurel Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

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5-12  
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3. (a) PRINT FULL NAME Alvin L. Herzog

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William K Herzog 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 11 11 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Warrenton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Home

12. Name Conrad Stock

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name S. Undermann

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. Young  
(b) Address 431 Laurel Ave

17. (a) Burial (b) Date thereof 11-8-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Missouri

18. (a) Signature of funeral director Alexander Young  
(b) Address Delmar Beach

19. (a) NOV 10 1942 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6  
year 1942 hour 1:05 minute 05 P.M.

21. I hereby certify that I attended the deceased from Nov 3 1942 to Nov 6 1942  
that I last saw her alive on Nov 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach 7 mos.!

Due to.....  
Due to.....

Other conditions Pneumonia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy Carcinoma of stomach (Polyp)  
Pneumonia R. lower lobe

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. Wendell Stewart (M. D. or other) M.D.  
Address St. Luke's Hosp. Date signed 11-7-42

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

MOTHER FATHER

9372  
2786

9372  
2786

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Jos. E. McCulloch*

Licensed Embalmer No. 2460

P. O. Address 677-57th St. Elmer

**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 this body is not embalmed, fact should be so stated above.**