V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43083

FILED JAN 3 1944

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2919

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L. 96
(c) City or town CLAYTON 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2800 North Hanley Rd 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME KATE LEE HERZOG FREIBURGER

3. (b) If veteran, name war
3. (c) Social Security No. 493-10-2425

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 2 1884 (Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 23 If less than one day hr. min.

9. Birthplace St Louis Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation CUTTER
11. Industry or business DRESS CO.

FATHER
12. Name Joseph C Herzog
13. Birthplace Pennsylvania 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ? KULP
15. Birthplace Illinois 0 (City, town, or county) (State or foreign country)

16. (a) Informant John A Farris
(b) Address 2800 N Hanley Rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29.43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Thos Lutis & Son
(b) Address 2902 Gravois Ave.
19. (a) DEC 27 1943 (Date received local registrar) (b) C. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1943 hour 4:00 A.M. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes.

Due to Rupture of the aorta due to aneurysm of the aorta due to
Due to lues.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes.

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

23. Signature H. S. Breyhoge Dep. Coroner (M.D. or other)
Address Kirkwood, Mo. 12-27-43 Date signed

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(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1945

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 Hairl Van Fossen

Licensed Embalmer No. 4242

P. O. Address 2906 Granido

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.

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