

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23072

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 1485	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Normandy</b>		c. LENGTH OF STAY (In this place) by days <b>5</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6508 Perry Avenue</b>				d. STREET ADDRESS (If rural, give location) <b>4850 Bessie Avenue</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>HORTENSE</b>		b. (Middle)		c. (Last) <b>ARNET</b>	
4. DATE OF DEATH		June 5, 1952		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Nov. 17, 1872</b>		9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>13</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Abbeville, Louisiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Blase Herzog</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Welter</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Agnes Graman 4850 Bessie Ave</b>			
18. CAUSE OF DEATH 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Virus bronchopneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocarditis</b> DUE TO (c) <b>arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>chronic</b> <b>chronic</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Heart</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Nov. 20, 1950</b> , to <b>June 5, 1952</b> , that I last saw the deceased alive on <b>June 5, 1952</b> , and that death occurred at <b>3:45 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J.P. Reburn</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>12345 Chest St. St. Louis</b>		23c. DATE SIGNED <b>6/6/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 9 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or other) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6-6-52</b>		REGISTRAR'S SIGNATURE <b>Hester R. Donke, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bromschwig and Son</b>		ADDRESS <b>4746 W Florissant</b>	

32 (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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 .....

Student Embalmer

Signed

*John J. Harris*

Licensed Embalmer No. *4108*

P. O. Address *J. Harris No*

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.