

FILED JAN 30 1942

Registration District No. 734

Primary Registration District No. 6026

Registrar's No.

1. PLACE OF DEATH: *St. Genevieve*

(a) County: *St. Genevieve*

(b) City or town: *Wilmington R. 7 Union Township*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community *Eleven years* (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Missouri* (b) County: *St. Genevieve*

(c) City or town: *rural*
(If outside city or town limits, write "RURAL")

(d) Street No.: *between Farmington and St. Genevieve*
(If rural, give location)

(e) Citizen of foreign country? *Citizen* (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: *Ruby Valeria Drake Herzog*

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *JAN* day *23*
year *1942* hour *8:30 P.M.* minute _____ M.

21. I hereby certify that I attended the deceased from *July 15*
19 *41* to *JAN 23* 19 *42*
that I last saw h. *TV* alive on *JAN 23* 19 *42*
and that death occurred on the date and hour stated above.

4. Sex: *Female* 5. Color or race: *White*

6. (a) Single, widowed, married, divorced: *married*

6. (b) Name of husband or wife: *Laurence F. Herzog*

6. (c) Age of husband or wife if alive: *52* years

7. Birth date of deceased: *Oct. 9 1898*
(Month) (Day) (Year)

Immediate cause of death: *Carcinoma of Breast*

Duration: *1 year*

8. AGE: Years *44* Months *3* Days *16* If less than one day _____ hr. _____ min.

Due to: _____

Due to: _____

Other conditions (Include pregnancy within 3 months of death): _____

9. Birthplace: *St. Genevieve Co Mo*
(City, town, or county) (State or foreign country)

10. Usual occupation: *Home maker*

PHYSICIAN

Major findings: *50*
Of operations: _____

Of autopsy: _____

Underline the cause to which death should be charged statistically.

11. Industry or business: _____

12. Name: *James Alford Drake*

13. Birthplace: *Hamilton Co Ill.*
(City, town, or county) (State or foreign country)

14. Maiden name: *Mary Ann Randlett*

15. Birthplace: *Sentne*
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant: *Mrs. Willard Kupper-Sustee*

(b) Address: *Farmington, Mo*

17. (a) *Burial* (b) Date thereof: *Jan 25 1942*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Chestnut Ridge St. Genevieve Co.*

18. (a) Signature of funeral director: *Copeau Funeral Home*

(b) Address: *Farmington, Mo*

19. (a) *Jan 25 42* (b) *Rev. Joseph A. Garauer*
(Date received local registrar) (Registrar's signature)

While at work: _____ (Specify type of place)

(e) Means of injury: _____

23. Signature: *Arthur E. Stegauer* (M. D. or other) *M.D.*

Address: *St. Genevieve Mo* Date signed: *1-25-42*

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

75
00



850

RECEIVED

FEB 13 1942

District Health Officer No. 4
District File Number 142-136
Date Filed 1-28-42

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.....

me, Registered Apprentice No.
working under my personal supervision.

Signed Chicoza
Licensed Embalmer No. 4084
P. O. Address Farmington, Mo.

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.