

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18442

Registrar's No.

80

Primary Registration District No.

3046

1. PLACE OF DEATH:

(a) County Moniteau Co
(b) City or town California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
201 South East
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME Louis Fredrick Hert

3. (b) If veteran, name war No 3. (c) Social Security No. 495.07.3638

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude Hert 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Oct 23 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day.
59 6 28 hr. min.

9. Birthplace Moniteau Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Banker

11. Industry or business Fred Hert

12. Name Fred Hert
13. Birthplace Switz
(City, town, or county) (State or foreign country)

14. Maiden name Louise Messelery
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant R. L. Weil
(b) Address California, Mo.
17. (a) Burial (b) Date thereof May 24 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemt
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo

19. (a) 5-22-43 (b) W. J. Gallen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 201 South East
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from August
1941 to May 21 1943
that I last saw him alive on May 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to Generalized arteriosclerosis 10 years.

Due to

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

Major findings:
Of operations 83a

Of autopsy

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 Henry Latham (M. D. or other)
Address California, Mo Date signed 5-22-43

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

1312

(Licensed Embalmer's Statement on Reverse Side)

JAN 14 1950

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 Earl R. Boulton
..... Licensed Embalmer No. 2126
P. O. Address California 111

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.