MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31474

1. PLACE OF DEATH

County St. Francois — Registration District No. 773 — File No.

Township St. Francois — Primary Registration District No. 6018A — Registered No. 133

City Near Farmington (No. ..... St. ..... Ward)

2. FULL NAME Frederick George Herbst

(a) Residence. No. State Hospital No. 4 St., ... Ward. Farmington, Missouri
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	5	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Francois Co
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Fred Herbst

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Brunswick
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Catherine Roth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Darnstadt
(STATE OR COUNTRY) Germany

14. INFORMANT Hospital Records
(Address)

15. FILED 9-11-1928 B. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11 1928

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1928, to Sept 11, 1928 that I last saw him alive on Sept 11, 1928, and that death occurred, on the date stated above, at 12 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
93 (1)
90
Since entering institution yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis and senile dementia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) P. S. Tait, M.D.

9-11-1928 (Address) Hosp #4 Farmington Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: K of P Cemetery — DATE OF BURIAL: Sept 13 1928

20. UNDERTAKER: Farmington Und. Co. — ADDRESS: Farmington Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.