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

Do not use this space.

42325

File No.

Registered No. 11457

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No.

City St Louis Mo (No. 5618, Walsh St., Ward)

2. FULL NAME Mary Herbert

(a) Residence, No. 5618 Walsh St., 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 11 1846

7. AGE: Years 86 Months 4 Days 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER

13. NAME: John Ray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT: Mrs H Gamache
(ADDRESS) 5618 Walsh

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olive DATE Dec 26 1932

19. UNDERTAKER: Fendler Funeral Co
(ADDRESS) 7419 Finney Ave

20. FILED DEC 24 1932 19.. Max E. Fenton M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 22 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1932, to Dec. 22 1932, 1932.
I last saw her alive on Dec. 22 1932. Death is said to have occurred on the date stated above, at 8-15 m.
The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis. — Date of onset 11-15-32

97 97

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) J W Puett, M. D.
(Address) 4720 Wilmington ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD