

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

Do not use this space.

31083

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1118**
 City **St. Louis** (No. **2028^a**) **Russell** File No.
 Registered No. **7768** St. Ward)

2. FULL NAME

Henry C Herbst
 (a) Residence, No. **2028^a Russell** St. **23** Ward. (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 Male		4. COLOR OR RACE White		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Herbst					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22-1881					
7. AGE	YEARS 52	MONTHS 0	DAYS 14	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Handler				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 124^B				
	10. Date deceased last worked at this occupation (month and year) 93				
11. Total time (years) spent in this occupation 111^C					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo					
MOTHER	13. NAME Henry Herbst				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois				
	15. MAIDEN NAME Unknown				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany					
17. INFORMANT (ADDRESS) Mrs Helen Besse 2028^a Russell					
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St Peter's Paul Sept 11 33					
19. UNDERTAKER (ADDRESS) Wacker - Helderle 2331 S Grandway					
20. FILED -8 1333 19 J. Beddecke Registrar.					

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 6 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 7th 1933** to **Sept 6th 1933**
 I last saw him alive on **Sept 6th 1933**. Death is said to have occurred on the date stated above, at **11:30** a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Edema Date of onset **9/3/33**
Chronic Myocarditis **3/21/33**
Atrophic Degenerative Coronary Arteriosclerosis **1/7/33**

Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 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? **No.**
 If so, specify **Joseph E. Deep** M. D.
 (Signed) **Joseph E. Deep**
 (Address) **63350 South 1st**

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.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

