NOV 23

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

Do not use this space.

1. PLACE OF DEATH
County St Francois — Registration District No. 773 — File No. 38669
Township — Primary Registration District No. 4464 — Registered No. 166
City Farmington (No. ..... St. ..... Ward)

2. FULL NAME Wm Herbst
(a) Residence, No. Route Farmington St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 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)~~ ~~Carolina Grotjack~~
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Dorley Grotjack
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 1857
7. AGE: 80 YEARS — MONTHS: 5 — DAYS: 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 10 years
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doe Run St Francois Mo.

FATHER
13. NAME Fred Herbst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Catherine Roth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Ed & Wm Herbst
18. BURIAL, CREMATION, OR REMOVAL
PLACE Gethern DATE Oct 19 1937
19. UNDERTAKER (ADDRESS) Farmington Mill Co Farmington Mo
20. FILED Oct 19 1937 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1936, to Oct 1, 1937
I last saw ~~him~~ alive on Oct 12, 1937. Death is said to have occurred on the date stated above, at 5:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio Sclerosis	
Chronic myocarditis	
General Dropsy	

Other contributory causes of importance: 93C

Name of operation Clemens 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
(Signed) R. Applebury, M. D.
(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.