

JAN 10 1938

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

43351
Do not use this space.

791
1008

Registered No. 11601

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. 4216 a Athlone ave St. 10
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rose M Herbert

(a) Residence, No. 4216 a Athlone Ave St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17th 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 0 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Illinois

FATHER 13. NAME Henry Morr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elizabeth Lambe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Henry G Herbert
4216 a Athlone Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec 20th 1937

19. FUNERAL DIRECTOR (ADDRESS) Stroot - Carroll
4600 Natural Bridge Ave

20. FILED DEC 17 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16th 1937

22. I HEREBY CERTIFY, That I attended deceased from 27 to Dec. 16, 1937

I last saw h. 21 alive on Dec. 16 5.15 pm Death is said to have occurred on the date stated above, at 10.30

The principal cause of death and related causes of importance were as follows:

Chronic nephritis
myocarditis
anemia

Date of onset
10 yrs.
3 days
2 wks.

Other contributory causes of importance: 1/21

Name of operation..... 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?..... 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) Thomas G. Wilson / M. D.
(Address) 4362 Warne

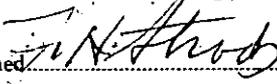
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 2265

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.)