

REC'D MAY 10 1938

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

13365  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis, Missouri (d) Street No. BARNES HOSPITAL Registered No. 3969  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Elizabeth Herter.  
(a) Residence, No. Medora Illinois. St. Medora Illinois  
(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 Fred L. Herter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 30th, 1885.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
53      2      28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-Wife  
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) Saint Louis, Missouri  
(STATE OR COUNTRY)

13. NAME Conrad Walters.

14. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri  
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Gabriel

16. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri  
(STATE OR COUNTRY)

17. INFORMANT Fred L. Herter.  
(ADDRESS) Medora Illinois.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Cemetary Date April 30, 1938

19. FUNERAL DIRECTOR (NAME) Ziegenfuss Bros.  
(ADDRESS) 2623 Cherokee Street.

20. FILED J. F. Budick  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28/38 19

22. I HEREBY CERTIFY, That I attended deceased from 4-18-38, 19, to 4-28-38, 19.

I last saw her alive on 4-28-38, 19. Death is said to have occurred on the date stated above, at 7 a.m.

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

Coronary Occlusion (thrombosis) Date of onset 4/28/38

Other contributory causes of importance:

Myocarditis, etc.  
Hypertension

Name of operation Hemiotomy Date of 4/19/38

What test confirmed diagnosis? Ch. S. P. 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?

If so, specify

(Signed) Franklin E. Wallin, M. D.

(Address) BARNES HOSPITAL

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.

APR 29 1938

J.R.A.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*D. M. Harris*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*D. M. Harris*

Licensed Embalmer No. 3741

P. O. Address 2623 Cherokee

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.)

If this body is not embalmed, above space should be left blank.