L 26 1938

REC'D AUG 9 1938

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

26442
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township Clayton
(c) City Clayton
Registration District No. 784
Primary Registration District No. 101
Registered No. 1258
(d) Street No. St. Louis Co. Hospital St.
(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 0 yrs. 0 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward D. Herbert
(a) Residence, No. Chesterfield, Mo. R. # 2 St.
(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: 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 Hattie Herbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20-1859

7. AGE: Years 79 | Months 1 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as saw mill, bank, etc. St. Clair Paint Co.
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica New York

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Aug. Albrecht Chesterfield, Mo. R. # 2.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cemetery 8900 N. Broadway DATE July 27-1938

19. FUNERAL DIRECTOR (ADDRESS) Schrader Funeral Home Baldwin, Mo.

20. FILED JUL 26 1938 T. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25-1938 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by automobile while a pedestrian on a public highway.	7/22/38
Other contributory causes of importance:	
Concussion of the brain. Fracture of L. Clavicle	7/22

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/22/38
Where did injury occur? Bellefontain, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Struck by auto
Nature of injury Brain injury.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) John D. Lowell M. D.
(Address) Coroner of St. Louis County, 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.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Theo. Schrader, Licensed Embalmer No. 3066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Theo. Schrader

No. 3066 or by ✓ Registered Apprentice No. —

working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)