

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.

Dr. A. J. Brennan
 Humboldt Bldg
 1000 1/2 St. 130
 NOV 16 1938

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

34227
 Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 3924a Michigan Avenue St. 791
 (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 25 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice B. Herbst
 (a) Residence, No. 3924a Michigan Ave. St. 24
 (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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 11 4

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Beauty shop Opr.
 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) Jan. 1, 1938
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER
 13. NAME Frank C. Herbst
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria, AuHungary

MOTHER
 15. MAIDEN NAME Ida Lenenberger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morrisson, Missouri

17. INFORMANT (ADDRESS) Elizabeth Herbst 3924a Michigan Ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter-Paul Cem. 10/25/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Oscar J. Hoffmeister 4016 Chippewa St.

20. OCT 24 1938 Local Registrar. J. J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1938, to Oct. 29, 1938
 I last saw her alive on Oct. 21, 1938. Death is said to have occurred on the date stated above, at 11:0 A.M.
 The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease 1926
Mitral Stenosis 1927
Congestive Heart Failure 1938

Other contributory causes of importance:

Name of operation None Date of
 What test confirmed diagnosis? All Clinics 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) J. J. Brennan M. D.
 (Address) 408 Humboldt Bldg

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,

....., or by

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

Signed

Howard S. Rowland

Licensed Embalmer No. *3114*

P. O. Address

St Louis, Mo

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.