

REC'D FEB 10 1939
Mo. Jan 1939

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

886
Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township St Louis Primary Registration District No.....

(c) City St Louis (d) Street No. Beaconess Hosp Registered No. 886
(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 Ben E. Herr

(a) Residence, No. 1321 Franklin St. 25
(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) Do not know

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as law mill, bank, etc. RR Conductor

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) Lara

FATHER

13. NAME John Herr

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

MOTHER

15. MAIDEN NAME Mary McVey

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

17. INFORMANT Beaconess Hosp
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 1/29 1939

19. FUNERAL DIRECTOR A. E. Ellis
(ADDRESS) 4355 Washington

20. FILED JAN 28 1939
J. F. Budish
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1939

22. I HEREBY CERTIFY that I attended deceased from JAN. 15, 1939 to Jan 23, 1939
I last saw him alive on Jan 23, 1939 Death is said to have occurred on the date stated above, at 10 23 a m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Prostate
(Symptoms first noted)
Dec. 10th - 1938
Date of onset 1938

Other contributory causes of importance:
Metastases of spine
and femoral bones.

Name of operation..... Date of.....
What test confirmed diagnosis? X-ray 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) A. R. Sheple, M. D.
(Address) 1025 Mt. Pleasant Blvd
St Louis

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.

1 X1200

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 *Howard J. Rowland*

Licensed Embalmer No. *3114*

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.)