

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

4666
Do not use this space.

791
1003

1359

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 3816 N. Grand Blvd. Registered No.
 (e) Length of residence in city or town where death occurred 80 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 612 Minnie Herbster

(a) Residence, No. 3816 N. Grand Blvd. St. 10 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14th. 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	80	4	25	

OCCUPATION

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

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) St. Louis, Mo.

FATHER

13. NAME Dont Know-Deibel

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

MOTHER

15. MAIDEN NAME Dont Know

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

17. INFORMANT (ADDRESS) Mrs. Catherine Owens 3816 N. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem. DATE 2-11-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Provost Und. Co. 3710 N. Grand Blvd.

20. FEB 11 1939 19..... J. P. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9-39 19.....

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1939 to Feb 9, 1939
 I last saw her alive on Feb 9, 1939 Death is said to have occurred on the date stated above, at 2:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset Jan 1, 1937

Other contributory causes of importance:
Pericardium of Stomach July 1, 1938

Name of operation None Date of.....
 What test confirmed diagnosis Chronic 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) Rennett M. D.
 (Address) 3816 N. Grand Blvd.

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.

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,

A. A. Smithers

or by

Registered Apprentice No., working under my personal supervision.

Signed

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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.