

AY 25 1939

JUN 8 1939

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

19835
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 284
(b) Township _____ Primary Registration District No. 117
(c) City Webster Groves (d) Street No. 702 Landscape 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 20 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Christeen A Herpst
(a) Residence, No. 702 Landscape, Webster Groves, Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Widow of Henry C.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
73 2 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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) Kampsville Illinois
13. NAME Martin Bauman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Regina Grunlich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Arthur W. Smith
(ADDRESS) 702 Landscape Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem. DATE May 26, 1939
19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin
(ADDRESS) 2301 Lafayette Ave.
St. Louis, Mo.
20. FILED MAY 25 1939 St. Louis, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1938, to May 24, 1939
I last saw him alive on May 27, 1927. Death is said to have occurred on the date stated above, at 8 AM.
The principal cause of death and related causes of importance were as follows:
Myocardial Infarction
Other contributory causes of importance:
Myocardial Infarction
Arteriosclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis? Cholesterol Where 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) Carl C. [Signature] D.
(Address) Webster Groves 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.

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

L. R. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.