

No. 2
11-10-39
1-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27422
State File No. _____
Registrar's No. 7318

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2304 Farrar St 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2304 Farrar St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Wm Adolph Herter 636

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olinda Aring Herter 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 7 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 -- 22 hr. _____ min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Cemetery Superintendent

11. Industry or business New Bethlehem Cemetery

12. Name Adolph Herter

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name ANTONIA GOTSCH

15. Birthplace CINCINNATI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Olinda Herter

(b) Address 2304 Farrar St

17. (a) Burial (b) Date thereof Sept 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem

18. (a) Signature of funeral director Beiderwieden Funl Home Inc
(b) Address 1936 St Louis Ave

19. (a) AUG 31 1940 (b) J. F. Buecher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1940 hour 5:15 minute P M.

21. I hereby certify that I attended the deceased from 6-15-40
_____ 19 _____ to 8-29-40 19 _____;
that I last saw him alive on Aug 29 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Acute renal adenoma
c. hemorrhage Duration 10 mo
year

Due to Chronic pyelitis

Due to Chronic bronchitis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. Philip E. Quintero (M.D. or other)
Address 2134 Alice Ave Date signed 8/30/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 _____

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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.