No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5209

Registrar's No. 1457

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

6
7
9

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin C

(c) City or town Rural – Villa Ridge N.R. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME AUGUST HERBST

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife ANNA HERBST

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown. (Month) (Day) (Year)

8. AGE: Years 77 Months Unknown Days If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

10. Usual occupation FARMER

11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace Unknown Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Henry W. Otto
(b) Address Washington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 13, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Eldehaus, Mo.

18. (a) Signature of funeral director Otto & Co. Henry W. Otto
(b) Address Washington Mo.

19. (a) FEB 13 1941 (Date received by registrar) (b) J. W. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th year 1941 hour 10 30 minute A. M.

21. I hereby certify that I attended the deceased from 2-5-1941 to 2-13-1941 that I last saw him alive on 2-13-1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Nephritis	1936
Due to Chr myocarditis	1938
Due to Arteriosclerosis	1930
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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

23. Signature Roy Johnson (M. D. or other)
Address Ferguson Mo. Date signed 2-13-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.