S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 30 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 11848

Registration District No. 113 Primary Registration District No. 6023 Registrar's No. 28

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

1. PLACE OF DEATH
(a) County St Francois Co
(b) City or town Farmington Rt 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pennsylvania
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Francois
(c) City or town Farmington Rural
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Adam Herbst
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 3 (Day) 1868 (Year)

8. AGE: Years 73 Months Days If less than one day hr. min.

9. Birthplace Doe Run St Francois Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Agriculture
FATHER
12. Name Fredrick Herbst
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mary Siebecker
(b) Address Farmington, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington K-of-P-Cem
18. (a) Signature of funeral director Cozean Fun Home
(b) Address Farmington Mo
19. (a) 3-30-42 (Date received local registrar) (b) Byrdie S. Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1942 hour 11 minute M.
21. I hereby certify that I attended the deceased from March 1941, 19, to March 23, 1942 that I last saw him alive on March 21, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Apoplexy | 5 da. |
| Due to Cerebral Arterial Sclerosis + Myocarditis | 3 yrs. |
| Due to | |
| Other conditions — (Include pregnancy within 3 months of death) | 93d |
| 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. Watkins (M. D. or other)
Address Farmington Mo Date signed 3-27-42

1116 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 442-42L

Date Filed 4-10-42

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

Me, Registered Apprentice No.

working under my personal supervision.

Signed C. H. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington Mo.

**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, fact should be so stated above.**