

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
 (a) County **St. Louis**  
 (b) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**4730 Alabama**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **090**  
 (c) City or town **St. Louis** **12**  
 (If outside city or town limits, write "RURAL") **9 15**  
 (d) Street No. **4730 Alabama**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Katherine Herbel**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Andrew Herbel** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 4 1869**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>73</b>	<b>8</b>	<b>18</b>		_____ hr. _____ min.

9. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **John Gutzler**

13. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Louis Vogel**  
 (b) Address **4730 Alabama**

17. (a) **Burial** (b) Date thereof **2/25/43**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Marcus Cem.**

18. (a) Signature of funeral director **Stumacher**  
 (b) Address **3013 Meramec**

19. (a) **FEB 25 1943** (b) **J. F. Bresch**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **22**  
 year **1943** hour \_\_\_\_\_ minute **30 a.m.**

21. I hereby certify that I attended the deceased from **12-16-43**  
 to **2-22-43**, 19\_\_\_\_, to **15-43**, 19\_\_\_\_,  
 that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration  **yrs.**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **Passive Cong. Liver**  
 (include pregnancy within 3 months of death)  
**chron parenchym nephritis**

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 **Walter M. Jones** (M. D. or other) \_\_\_\_\_  
 Address **3400 Meramec** Date signed **2/25/43**

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**STATEMENT BY LICENSED EMBALMER**

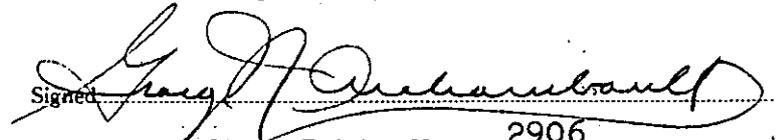
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**George N. Archambault**

Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed



Licensed Embalmer No. **2906**

P. O. Address. **3013 Meramec**

**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.**