

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.
 Registrar's No. 604

FILED MAR 11 1943

Registration District No. 284 Primary Registration District No. 101

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

1. PLACE OF DEATH: St. Louis
 (a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
 (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: 96
 (a) State Missouri (b) County St. Louis
 (c) City or town Afton
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 14 Reeves Bks. Rd.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Edward Herbig
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month FEB day 27
 year 1943 hour 10 minute 45 A. M.
 21. I hereby certify that I attended the deceased from 1-11-43
 to 2-27-43; that I last saw h.l.m. alive on 2-27-43
 and that death occurred on the date and hour stated above.

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 1877 years

Immediate cause of death respiratory failure Duration 5 min.

7. Birth date of deceased December 14 1877
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
65 2 13 hr. min.

Due to Bronchopneumonia 1 DAY
 Due to Carcinoma of stomach 3 YRS
 Other conditions Syphilis 20 YRS
 (Include pregnancy within 3 months of death)

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Porter

PHYSICIAN
 Major findings: 466
 Of operations
 Of autopsy Carcinoma of stomach
Carcinomatosis of peritoneal cavity
 Underline the cause to which death should be charged statistically.

11. Industry or business
 12. Name William Herbig
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Augusta Gieselmann
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Amelia Elle
 (b) Address Route 14 Afton, Mo.
 17. (a) Burial (b) Date thereof March 3, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Burial Park
 18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
 (b) Address 7814 S. Broadway
 19. (a) MAR 2 1943 (b) C. McFarlan MD
 (Date received local registrar) (Registrar's signature)

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 Robert G. Hall MD
 Address St. Louis County Hosp Date signed 2-27-43

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.....

Louis C. Hoffmeister....., Registered Apprentice No.....
working under my personal supervision.

Signed *L. C. Hoffmeister*.....

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.