

ED APR 19 1948

318

Registration District No. Primary Registration District No. 100.3

Registrar's No. 3289

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:  
3715/Connecticut Ave.  
(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)

3. (a) PRINT FULL NAME Harold Hebert

3. (b) If veteran, name war No  
3. (c) Social Security No. 493-07-9341

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 OCT 9 1908  
(Month) (Day) (Year)

8. AGE: Years 34 Months 5 Days 26 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

12. Name GEORGE P Hebert

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Flood

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

16. (a) Informant Mrs. Julia Hebert  
(b) Address 3715 Connecticut Ave.

17. (a) Burial (b) Date thereof 4-8-43  
(Burial, cremation, or removal) MEMORIAL PARK CEM.  
(c) Place: burial or cremation

18. (a) Signature of funeral director Stroot-Carroll  
(b) Address 4600 Natural Bridge

19. (a) APR 7 1948 J. F. Buech (Registrar's signature)  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3715 Connecticut Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 5 day 7 year 1943 hour 7 minute 15 A M.

21. I hereby certify that I attended the deceased from Aug. 28 1936 to April 5 1943 that I last saw him alive on April 3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis Not known to me.  
Due to: Infection  
Due to:  
Other conditions: none  
Major findings: 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?  
While at work? (Specify type of place)  
(e) Means of injury  
23. Signature: Attorney Chalkers (M. D. or other) M. D.  
Address: 3515 S. Grand Date signed: 4/6/48

**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 *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address.....

**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.**