

S. No. 2  
M-5-42  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12895

FILED APR 20 1944

State File No.

Registrar's No.

3193

Registration District No.

318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City 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:

(a) State Missouri (b) County 009  
(c) City or town Saint Louis (If outside city or town limits, write "RURAL") 19  
(d) Street No. 4758a Easton Avenue (If rural, give location) 96  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME BETTIE HERLT

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

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

6. (b) Name of husband or wife John Herlt 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug. 4, 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 0 If less than one day  
.....hr. ....min.

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

10. Usual occupation At home, housewife

11. Industry or business.....

MOTHER FATHER { 12. Name William F. Jolly

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

14. Maiden name Mary Crowder

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

16. (a) Informant John Herlt

(b) Address 4758a Easton

17. (a) Burial (b) Date thereof April 6, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington (8)

19. (a) APR 5 1944 (b) J. F. B...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th  
year 1944 hour 8:30 minutes 00A M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Carcinoma of colon with metastasis to peritoneum

Due to.....

Due to..... HO

Other conditions (Include pregnancy within 3 months of death)

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) (c) Means of injury

23. Signature Alfred Perry (M. D. or other)

Address St. Louis Date signed 4/5/44

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

**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.....

*Philip M. Craig*

..... Licensed Embalmer No. 3281.....

P. O. Address. 4468 Washington Blvd., (8)

**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.**