

FILED JUL 26 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6355

1. PLACE OF DEATH:

(a) County City of St. Louis
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town City of St. Louis 17
(If outside city or town limits, write "RURAL") 93
(d) Street No. 6632 Devonshire Ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma L. Herbel

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2
6. (b) Name of husband or wife Torado J. Herbel 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 17, 1862 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name Charles Weiss
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Veronica Hook (City, town, or county) (State or foreign country)
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Clinton K. Herbel

(b) Address 6632 Devonshire

17. (a) burial (b) Date thereof 7-19-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Chap. of Memories

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) JUL 18 1944 (b) J. Herbel (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th year 1944 hour 11:15 minute a.m.

21. I hereby certify that I attended the deceased from 7-7, 1944 to 7-16, 1944

that I last saw her alive on 7-16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Duration

Due to Carcinoma of rectum

Due to

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations 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: Carl R. Piesch (M. D. or other)

Address: 611 Olive Street Date signed: 7-18-44

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

No Earl Rivers
611 Olive ST
12-1-3 p.m.

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 Virgil L. Berryman
Licensed Embalmer No. 4018
P. O. Address St. Louis, 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.