

FILED JUL 21 1944

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

6136

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4543 Harris Ave /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 179
(If outside city or town limits, write "RURAL") 99
 (d) Street No. 4543 Harris Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th
 year 1944 hour 2:25 AM minute _____ M.

21. I hereby certify that I attended the deceased from
June 30 1944 to July 10 1944
 that I last saw her alive on July 9 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
 Duration _____

Due to Pulmonary Edema, 2 days

Due to Chronic myo carditis
metral insufficiency

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 92

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 W. G. Hermina, M.D.
(M.D. or other)
 Address 4548 Harris Ave Date signed 7/10/44

3. (a) PRINT FULL NAME Elizabeth Herbst

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 Widow

6. (b) Name of husband or wife August Herbst 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 10, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 11 0 hr. _____ min.

9. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name William Kuhlmann

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

14. Maiden name Unknown

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

16. (a) Informant Harry W. Herbst

(b) Address 4543 Harris Ave

17. (a) Burial (b) Date thereof 7/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 17 1944 (b) J. F. Budeck
(Date received by registrar) (Registrar's signature)

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.....
Licensed Embalmer No. 4702
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.