

FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

26295

AUG 21 1944 318

Primary Registration District No.

1003

Registrar's No.

6964

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: DePaul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Louise Herbst

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

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

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

7. Birth date of deceased Oct. 10 1862
 (Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 27 If less than one day
 hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Howard
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Phil Kuestner
 (b) Address 4949 Columbia Ave.

17. (a) Burial (b) Date thereof Aug. 9, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Wacker Helberich
 (b) Address 3634 Gravois

19. (a) AUG 9 1944 (b) J. F. Brodick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17/3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4949 Columbia
 (If rural, give location)
 (e) Citizen of foreign country? ? (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6
 year 1944 hour 9 minute 35 A. M.

21. I hereby certify that I attended the deceased from Aug 1 to Aug 6 1944,
 that I last saw him or alive on Aug 6 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (viral?)
 Due to _____
 Due to _____

Other conditions 108
 (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 J. F. Brodick (M. D. or other) MD
 Address St. Louis, Mo. Date signed 8/8/44

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 Frank J. D'Amico

Licensed Embalmer No. 26-15

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.