

V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9103
Registrar's No. 426

FILED FEB 24 1945

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 days
(Specify whether years, months or days)

In this community 8 months

3. (a) PRINT FULL NAME Henry Herbert

3. (b) If veteran, name was none

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilhelmina Hebert

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased August 25 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 5 12 hr. min.

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

10. Usual occupation Retired Bricklayer

11. Industry or business

12. Name George Herbert

13. Birthplace Unknown U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Margareta Bauer
(City, town, or county) (State or foreign country)

15. Birthplace Unknown U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey Herbert

(b) Address 644 Barstow Ave Webster Groves

17. (a) Cremation (b) Date thereof 2/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Mittelberg Fun. Home

(b) Address Webster Groves 19 Mo

19. (a) FEB 14 1945 (b) E. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves 19
(If outside city or town limits, write "RURAL")

(d) Street No. 537 Hollywood Dr
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7
year 1945 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from Dec 30
1944 to Feb 7, 1945;
that I last saw him alive on Feb 6, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to generalized arteriosclerosis

Due to

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature A. J. Miller M.D. (M. D. or other)

Address 3507 Potomac Date signed 2-7-45

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.....

John M. Meyer

Licensed Embalmer No.

3788

P. O. Address.....

*340 W. Chapman
Kirkwood, 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.