S. No. 2
0M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35388

State File No.

FILED DEC 31 1945

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10290

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Lukes 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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 40 Aberdeen P.
(If rural, give location)

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

3. (a) PRINT FULL NAME Florence Virginia Herdman

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 22, 1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Mt. Vernon Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Retired

FATHER
12. Name Wm. Herdman
13. Birthplace Pa.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Kirby
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M.F. Doud
(b) Address 40 Aberdeen Pl.

17. (a) Burial (b) Date thereof 1 / 29/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Vernon, Ill.

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) NOV 28 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1945 hour 11.45 A.M. minute M.

21. I hereby certify that I attended the deceased from Sept 2, 1944, to Nov 27, 1945, that I last saw he alive on Nov 27, 1945 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Senility - Arteriosclerosis

Due to Hypertension

Due to Cerebral hemorrhage

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 Sept 2, 1945

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? See above
(Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature G. L. Krause (M. D. or other)

Address 22 W Washington Date signed 11/28/45

(Licensed Embalmer's Statement on Reverse Side)

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. 1284

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.