

S. No. 2
M-5-43
7. 5-17-39
P I X36671

24765

FILED JUL 22 1946

State File No. 24765

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 1784

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution:
40 Aberdeen Pl.
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Ada Irene 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. 8, 1851
(Month) (Day) (Year)

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

| | | | |
|----|----|---|----------|
| 94 | 10 | 5 | hr. min. |
|----|----|---|----------|

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER

12. Name William Hamilton Herdman

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

14. Maiden name Mary Ann Kirby

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

16. (a) Informant Grace Doud

(b) Address 40 Aberdeen Pl.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/15/46
(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) 7-15-46 (Date received local registrar) (b) E. M. Gans (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1946 hour 8.20 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 1940
to July 13, 1946
that I last saw him alive on July 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senility - myocarditis

Due to old age 93-d
hypertension

Duration

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? _____

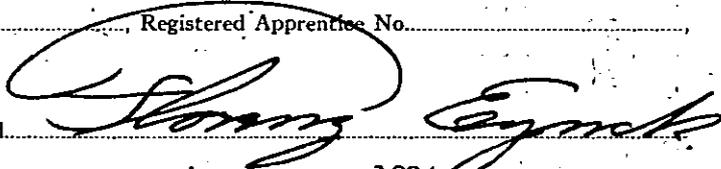
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. M. Gans (M. D. or other) _____
Address 3720 Washington Date signed 7/15/46

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.