

S. No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 9 1947  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 10969  
9238  
Registrar's No.

Registration District No. Primary Registration District No.

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:  
Deaconess 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 St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 41 Crestwood Drive  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Frederick Wm. Herbkesmann  
3. (b) If veteran, name war..... No.....  
3. (c) Social Security No. 89-16-5476

4. Sex Male 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 October 19, 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 5 6 hr. min.

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

10. Usual occupation Retired Purchasing Agent 1941

11. Industry or business American Bakers Machinery Co.

MOTHER FATHER  
12. Name.....?  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophie Hoyer  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant C. O. Robinson

(b) Address 6431 Clayton Rd. Clayton 17, Mo.

17. (a) Burial (b) Date thereof 3/27/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc

(b) Address Clayton Rd. at Concordia Lane

19. (a) MAR 27 1947 (b) J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1947 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from  
March 23, 1947 to March 25, 1947  
that I last saw him alive on March 25, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Fracture of neck of femur pt  
severity -  
Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings: Fractures described  
Of operations.....  
Of autops: none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Fell at home -  
(b) Date of occurrence 3-23-47  
(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?  
Home

While at work? no (Specify type of place)  
(e) Means of injury.....

23. Signature J. R. McCanell  
Address 3720 Washington Blvd. Date signed 3/36/47

Duration  
2 Days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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**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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.**