S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 35837

Registrar's No. 9367

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

1. PLACE OF DEATH:
(a) County
(b) City or town XXX St. Louis, Mo., (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3820 Bingham, (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) In this community Life,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 3820 Bingham, (If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Andrew C. Herter,
3. (b) If veteran, name war no
3. (c) Social Security No. 492-09-6654
4. Sex male C
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethel M.
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Jan 24, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	8	14	hr. min.

9. Birthplace St. Louis, Mo., (City, town, or county) (State or foreign country) O
10. Usual occupation Electrical worker
11. Industry or business Chandeysson Electric Co
12. FATHER Name Charles Herter
13. FATHER Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. MOTHER Maiden name unknown
15. MOTHER Birthplace unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ethel Herter,
(b) Address 3820 Bingham,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Oscar J Hoffmeister
(b) Address 4016 Chippewa,
19. (a) OCT 9 1947 (Date received local registrar) (b) J. F. Brecht (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1947 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 1, 1947 to Oct 8, 1947; that I last saw him alive on Oct 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Esophagus	14yr.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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 0

23. Signature A. L. Kettl (M. D. or other)
Address 3606 Gravois Date signed 10/9/47

Jefferson City Printing Co.

(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 B. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.