FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24366
State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6568

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: City Sanitarium 0
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3019 Kossuth 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MINNIE HERBSTRITT
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 20 (Day) 1867 (Year)
8. AGE: Years 80 Months 7 Days 4 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Self
MOTHER
12. Name Unknown
13. Birthplace (City, town, or county) Germany (State or foreign country)
FATHER
14. Maiden name Henry Weule
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Harry Herbstritt
(b) Address 3019 Kossuth Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.
19. (a) JUL 26 1948 (Date received local registrar) (b) J. F. Broecker (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 24 year 1948 hour 4.20 minute P M.
21. I hereby certify that I attended the deceased from May 12, 1947 to July 24, 1948; that I last saw her alive on July 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Carcinoma of the Urinary Bladder	5/12/47x
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address 5400 Arsenal St. Date signed 7/25/48

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.