

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27805
Registrar's No. 7591

Registration District No. 318

Primary Registration District No. 1003

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: Homer G Phillips Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
in this community Unk 20 years, months or days)

3: (a) PRINT FULL NAME William Herbert

3: (b) If veteran, name war _____ 3: (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Georgia 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased 3 5 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 20 hr. min.

9. Birthplace N Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation minister

11. Industry or business _____

MOTHER FATHER { 12. Name Earn Hubert
13. Birthplace N. Carolin
(City, town, or county) (State or foreign country)
14. Maiden name Wenderson
15. Birthplace Richmond, Va
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Hubert
(b) Address 1816 Cole
17. (a) Burial (b) Date thereof 8 31 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Dale

18. (a) Signature of funeral director Daniel J. Broom
(b) Address 1405 Biddle
19. (a) AUG 30 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County boo
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1816 Cole 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from August 17, 1948, to August 25, 1948,
that I last saw him alive on August 25, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Bronchial Pneumonia Unk
Cardio-Renal Syndrome Unk
Uremia Unk

Due to _____
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) (c) Means of injury _____
23. Signature O. L. Daniels (M. D. or other) _____
Address 2601 N Whittier St Date signed 8-30-48

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 Chas. P. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.