

FILED OCT 23 1948

318

Primary Registration District No.

1003

Registrar's No.

8855

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:  
Missouri Baptist 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)

3. (a) PRINT FULL NAME Esther May Herbert

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 Married  
 6. (b) Name of husband or wife Charles T. Herbert  
 6. (c) Age of husband or wife if alive 68 years  
 7. Birth date of deceased 10/20/1879  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 11 12 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Timothy Laughlin  
 13. Birthplace Waterloo Ill  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lavina Motz  
 15. Birthplace Waterloo Ill  
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles T. Herbert

(b) Address 4310 Hunt Ave

17. (a) Removal (b) Date thereof 10/15/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo Illinois

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

(b) Address 6633 Clayton Road

19. (a) OCT 13 1948 (b) J. B. Laster  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4310 Hunt Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th  
 year 1948 hour 4.20 minute P M.

21. I hereby certify that I attended the deceased from  
10/1/48, 19, to 10/12/48, 19.

that I last saw her alive on 10/12/48, 19.

and that death occurred on the date and hour stated above.

Immediate cause of death cardiac

failure

Duration

not  
known

Due to arterio-sclerotic  
heart disease

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 sta-  
tistically.

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 Robert M. Smith (M. D. or other) M.D.

Address 114 North Taylor Ave Date signed 10/13/48

**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 *Ernest W. Spillers*.....

Licensed Embalmer No. *4080*.....

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.**