

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12211**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **130**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau	
c. LENGTH OF STAY (in this place) 76 yrs.		d. STREET ADDRESS (If rural, give location) 818 Perry Avenue	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 818 Perry Avenue			

3. NAME OF DECEASED a. (First) ROSA b. (Middle) _____ c. (Last) HERBST			4. DATE OF DEATH (Month) (Day) (Year) April 17, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH May 9, 1873	9. AGE (In years last birthday) 76 11 Months 11 8 Days 8	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Cape Girardeau, Missouri	
13a. FATHER'S NAME Henry Ostendorf		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John Herbst	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME John Herbst Jr. Cape Gir., Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Hypertensive Myocarditis DUE TO (b) Chronic Hypertensive Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			INTERVAL BETWEEN ONSET AND DEATH 10 mos. 3 yrs.

18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7-8, 1948**, to **4-17, 1950**, that I last saw the deceased alive on **4-10, 1950**, and that death occurred at **5:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William J. Oehler, M.D.		23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 4-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 20, 1950		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cem.	
24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home - Cape Gir., Mo.			

DATE REC'D BY LOCAL REG. 4-18-1950		REGISTRAR'S SIGNATURE C. C. Summers		ADDRESS 44	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 24 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-614

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed William Lee Jones

Licensed Embalmer No. 44-10

P. O. Address Cape Girardeau, 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.