

FILED JUN 13 1950

UNITED STATES DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18963
State File No. 1390
Registrar's No. 6076

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|---|--|--|--|--|--|
| BIRTHING NO. _____ | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. _____ | |
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS | | |
| b. CITY (If outside corporate limits, write RURAL and give town) WELLSTON. | | c. LENGTH OF STAY (in this place) years | c. CITY (If outside corporate limits, write RURAL and give township) WELLSTON, | | OR TOWN 4310 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1282 MORTON AVE., | | | d. STREET ADDRESS (If rural, give location) 1282 MORTON AVE. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) PAULINE | | b. (Middle) YOUNG | c. (Last) HERBST. | 4. DATE OF DEATH (Month) (Day) (Year) June 2, 1950 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. | 8. DATE OF BIRTH March 28, 1863. | 9. AGE (In years last birthday) 87. | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home. | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Burksville, Illinois. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Theobald Young. | | 13b. MOTHER'S MAIDEN NAME Katherine Zimmerman. | | 14. NAME OF HUSBAND OR WIFE Charles Herbst. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. | 16. SOCIAL SECURITY NO. none. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ada M. Brandt, 1282 Morton Avenue, | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (Chronic) | | | INTERVAL BETWEEN ONSET AND DEATH 10 years | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 422.2 | | | 422.2 | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 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) (Min.) | 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 Feb 10, 1950 , to June 2, 1950 , that I last saw the deceased alive on June 1, 1950 , and that death occurred at 5:15 A.M. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE M. E. Jones | | (Degree or title) M.D. | 23b. ADDRESS 4500 Olive St. | | 23c. DATE SIGNED June 2/50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial. | 24b. DATE 6/5/50. | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery. | 24d. LOCATION (City, town, or county) (State) Kirkwood, Missouri. | | |
| DATE RECD BY LOCAL JUN 2 1950 | REGISTRAR'S SIGNATURE Hubert A. ... | 25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons, | | ADDRESS 7233 Delmar Blvd., | |

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

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.