

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1951

State File No. **18162**  
**4654**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

**1. PLACE OF DEATH**  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
c. LENGTH OF STAY (In this place) **25 yrs.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **5324 Wabada Ave.**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.**  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
d. STREET ADDRESS (If rural, give location) **5324 Wabada Ave.**

**3. NAME OF DECEASED**  
a. (First) **Caroline** b. (Middle) **---** c. (Last) **Herchert**  
d. DATE OF DEATH (Month) (Day) (Year) **May 18 1951**

**5. SEX** **female** **6. COLOR OR RACE** **white** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **widowed** **8. DATE OF BIRTH** **Nov. 3 1875** **9. AGE (In years last birthday)** **75**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Housewife** **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_ **11. BIRTHPLACE** (State or foreign country) **St. Louis Mo.** **12. CITIZEN OF WHAT COUNTRY?** \_\_\_\_\_

**13a. FATHER'S NAME** **Unknown Vantatge** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Louis A. Herchert**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) \_\_\_\_\_ (If yes, give war or dates of service) \_\_\_\_\_ **16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** **Raymond L. Herchert** **ADDRESS** **5324 Wabada**

**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.*  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)** \_\_\_\_\_  
**ANTECEDENT CAUSES**  
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*  
**DUE TO (b)** **Coronary Sclerosis**  
**DUE TO (c)** **Arteriosclerosis**  
**II. OTHER SIGNIFICANT CONDITIONS**  
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**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) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK**  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** **H201**

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:51** m., from the causes and on the date stated above.**

**22a. SIGNATURE** **Catried E Taylor Coroner** (Degree or title) \_\_\_\_\_ **22b. ADDRESS** **1300 Clark** **22c. DATE SIGNED** **5-18-51**

**24a. BURIAL, CREMATION REMOVAL (Specify)** **Burial** **24b. DATE** **5/21/51** **24c. NAME OF CEMETERY OR CREMATORY** **St. Pauls Church Yard** **24d. LOCATION** (City, town, or county) (State) **St. Louis Mo.**

**DATE REC'D BY LOCAL REG.** **MAY 18 1951** **REGISTRAR'S SIGNATURE** **J B Jasen** **25. FUNERAL DIRECTOR'S SIGNATURE** **Drehmann-Harral** **ADDRESS.** **1905 Union Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Albert R. Thompson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

**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.