

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

S. No. 300

V. 10.48

FILED DEC 14 1951

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3938</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Affton 23</u>		c. LENGTH OF STAY (In this place township) <u>21 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton 23</u>		482	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9931 Tesson Ferry</u>				d. STREET ADDRESS (If rural, give location) <u>9931 Tesson Ferry</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hartmann</u>		b. (Middle) <u>C</u>		c. (Last) <u>Herbel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1951</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>July 23, 1887</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardener</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Affton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Charles Herbel</u>			13b. MOTHER'S MAIDEN NAME <u>Henrietta Herzog</u>		14. NAME OF HUSBAND OR WIFE <u>Mamie Herbel</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mamie Herbel 9931 Tesson Ferry</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - intra abdominal</u> <u>(Clinical diagnosis)</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
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)		155 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Nov</u> , 19 <u>51</u> , to <u>Dec</u> , 19 <u>51</u> ; that I last saw the deceased alive on <u>Dec 6</u> , 19 <u>51</u> , and that death occurred at <u>7:45 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. S. Klein M.D.</u>			23b. ADDRESS <u>2632 So Kingshighway</u>		23c. DATE SIGNED <u>12-9-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/11/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St Marcus</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis 23 Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-10-51</u>		REGISTRAR'S SIGNATURE <u>Robert A. Dombke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John L. Ziegenhein & Sons 7027 Gravois</u>			

(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 W. G. Peterson

Signed.....
Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 1027 Graviss

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.