

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14367**
Registrar's No. **3234**

FILED APR 25 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY XXXXXXXXXXXXXXXXXXXXXXXXXXXX		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (In this place) 16 YEARS		d. STREET ADDRESS (If rural, give location) 5520 GRANT PLACE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5520 GRANT PLACE		e. STREET ADDRESS 5520 GRANT PLACE	

3. NAME OF DECEASED (Type or Print) ALFRED W. HERBERT			4. DATE OF DEATH (Month) (Day) (Year) 4-4-1952		
5. SEX ♂	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-26-1886	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER		10b. KIND OF BUSINESS OR INDUSTRY UNEMPLOYED		11. BIRTHPLACE (State or foreign country) WATER LOO, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME PHILIP HERBERT		13b. MOTHER'S MAIDEN NAME CHRISTINE MEYER		14. NAME OF HUSBAND OR WIFE ANNA LANGE HERBERT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-03-0305		17. INFORMANT'S SIGNATURE OR NAME ANNA L. HERBERT ADDRESS -5520 GRANT P.	

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) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 12 hrs
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic glomerulonephritis			
		DUE TO (c) Carcinoma of the Liver			unknown
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none		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 156		

22. I hereby certify that I attended the deceased from **3/3/52**, 19___, to **4/4/52**, 19___, that I last saw the deceased alive on **4/2/52**, 19___, and that death occurred at **9:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Raymond White (Degree or title) DR		23b. ADDRESS 120 Harrison National		23c. DATE SIGNED 4/7/52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-8-1952		24c. NAME OF CEMETERY OR CREMATORY Yalhallas Crematory	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY - Mo.	

DATE REC'D BY LOCAL REG. APR 7 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE TRUTH CENTER MORTUARY ADDRESS 4024 LINDELL	
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ronald O. Yahrke

Licensed Embalmer No.

3917

P. O. Address

H. Prairie

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.