

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36470

State File No. _____
Registral's No. **9835**

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

1. PLACE OF DEATH
a. COUNTY _____
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) c. LENGTH OF STAY (in this place)
ST. LOUIS
c. CITY (If outside corporate limits, write RURAL and give township)
ST. LOUIS **2248**

d. FULL NAME OF HOSPITAL OR INSTITUTION **ALEXIAN BROS, HOSPITAL**
d. STREET ADDRESS (If rural, give location)
24 3933 SOUTH BROADWAY

3. NAME OF DECEASED (Type or Print)
a. (First) **JOHN** b. (Middle) **M.** c. (Last) **HERBERT**
4. DATE OF DEATH (Month) (Day) (Year)
OCT, 24, 1952

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE** 8. DATE OF BIRTH **9/9.1873** 9. AGE (In years last birthday) **77** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. 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 (City and State or Foreign Country) **ST. LOUIS MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **HENRY HERBERT** 13b. MOTHER'S MAIDEN NAME **CATHERINE CORNET** 14. NAME OF HUSBAND OR WIFE _____

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. **# 487-36-9649** 17. INFORMANT'S SIGNATURE OR NAME **CLARA HERBERT** ADDRESS **4216 a ATHLONE AVE**

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) **Arterio Sclerotic Heart Disease**
ANTECEDENT CAUSES **Arterio sclerosis**
Morbid 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 **6 mos**
1 year

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? **4200**

22. I hereby certify that I attended the deceased from **April 1952**, to **10-24, 1952**, that I last saw the deceased alive on **10/23, 1952**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **B. J. Mc Guinn M.D.** (Degree or title) 23b. ADDRESS **16 Hampton Keeley Rd.** 23c. DATE SIGNED **10/26/52**

24a. BURIAL CREMATION REMOVAL (Specify) **BURIAL** 24b. DATE **10/27/52** 24c. NAME OF CEMETERY OR CREMATORY **CALVARY CEMETERY** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS MISSOURI**

DATE REC'D BY LOCAL REG. **OCT 27 1952** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **STROOT - CARROLL** ADDRESS **1600 NATURAL BRIDGE**

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

Albert Mayfield

Licensed Embalmer No. *3097*

P. O. Address *Adams 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.