

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43493

State File No. _____

FILED JAN 10 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11537**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY ST. LOUIS	
b. CITY OR TOWN St. Louis, Missouri	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN UNIVERSITY CITY 4336	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 704 KINGSLAND AVE.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Amanda	b. (Middle) NMN	c. (Last) Herdlein	(Month) 12	(Day) 14	(Year) 52
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH MAR. 27, 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.	
13a. FATHER'S NAME PETER F. BOBE			13b. MOTHER'S MAIDEN NAME ANNA GERNER		14. NAME OF HUSBAND OR WIFE LATE JOHN J. HERDLEIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME JOHN HERDLEIN ADDRESS 142 N. BRENTWOOD	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Pulmonary atelectasis			10 min.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular accident infarct			4 days
		DUE TO (c)			
		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 <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331 X	

22. I hereby certify that I attended the deceased from **12/11**, 19**52**, to **12/14**, 19**52**, that I last saw the deceased alive on **12/14**, 19**52**, and that death occurred at **2:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. M. Bradley (Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 12/14/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE DEC 17, 1952		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.	

DATE REC'D BY LOCAL REG. DEC 15 1952		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER ADDRESS 4428 SKINGSHIGH-WAY	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

Richard W. Stovessand

Licensed Embalmer No. 4007

P. O. Address _____

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.