

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

748

No. 500  
10.48

FILED FEB 9 1953

State File No. ....  
Registrar's No. 43

BIRTH NO. ....		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 43			
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		d. STREET ADDRESS (If rural, give location) R R # 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL				d. STREET ADDRESS (If rural, give location) R R # 2					
3. NAME OF DECEASED (Type or Print) a. (First) REGINA b. (Middle) HERBRANDT c. (Last)			4. DATE OF DEATH FEB. 4, 1953 (Month) (Day) (Year)						
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY 21, 1871		9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months 6 Days 13		
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) HOLLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOHN HENRY WELTROPT		13b. MOTHER'S MAIDEN NAME MARIE SPIN		14. NAME OF HUSBAND OR WIFE JOHN HERBRANDT SR.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN HERBRANDT JR., J. C. MO.					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis due to arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <del>Arteriosclerosis</del> DUE TO (c) <del>Pneumonia lobes</del> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia lobes				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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?					
22. I hereby certify that I attended the deceased from Jan 15, 1953, to Feb 4, 1953, that I last saw the deceased alive on Feb 4, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>W. D. Taylor M.D.</i>				23b. ADDRESS Jefferson City, MO.		23c. DATE SIGNED 2-6-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 7, 1953	24c. NAME OF CEMETERY OR CREMATORY ST. PETERS		24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.				
DATE REC'D BY LOCAL REG. Feb 6-1953		REGISTRAR'S SIGNATURE <i>R. P. Harris M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Sylvester Dulle</i>		ADDRESS J. C. MO.			

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

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**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 Sylvester Dulla

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.