

**STANDARD CERTIFICATE OF DEATH**

State File No. **13257**

No. 300  
10. 48

FILED APR 27 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 11

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> c. LENGTH OF STAY (in this place) <u>33 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u> <u>4761</u> d. STREET ADDRESS (If rural, give location) <u>1</u>		
<b>3. NAME OF DECEASED</b> a. (First) <u>Loola</u> b. (Middle) <u>Odela</u> c. (Last) <u>Herkstroeter</u> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 17, 1953</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>July 11 1882</u>	<b>9. AGE</b> (In years last birthday) Months Days Hours Min. <u>70</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House wife selfemp.</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Vandalia, Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>Constant DeTienne</u>			
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mattie Pettis</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Edw. C. Herkstroeter</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>488-24-5747</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>C. H. Herkstroeter, R # 2, Valley Park, Mo</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Emergized Carcinoma</u> ANTECEDENT CAUSES <u>Carcinoma of Pancreas</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS:</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>157X</u>			
<b>19a. DATE OF OPERATION</b> <u>July 1952</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Carcinoma of Pancreas</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>July 1952</u>, to <u>April 17, 1953</u>, that I last saw the deceased alive on <u>April 17, 1953</u>, and that death occurred at <u>10:23 p.m.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <u>Paul D. Dulcich, M.D., Prof. Phy. Columbia Mo.</u>		<b>23b. ADDRESS</b> <u>1017 S. 1st St. Columbia Mo.</u>		<b>23c. DATE SIGNED</b> <u>April 17, 53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>		<b>24b. DATE</b> <u>4-18-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Linn Mo.</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Linn Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Urnor Mortar Linn Mo.</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>April 18, 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. R.E. Palmer</u>		<b>31-d</b>	

**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 Vernon M. Merton

Licensed Embalmer No. 4125

P. O. Address Lincoln 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.