

STANDARD CERTIFICATE OF DEATH

State File No. 40999

FILED DEC 10 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11483

1. PLACE OF DEATH a. COUNTY /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2209							
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (If this place) 10 Mo.		c. CITY OR TOWN St. Louis,		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary				e. STREET ADDRESS (If rural, give location) 2209 Hebert St.,							
3. NAME OF DECEASED (Type or Print) a. (First) Peter			b. (Middle) J		c. (Last) Hereth		4. DATE OF DEATH (Month) (Day) (Year) 12 - 3 - 53				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2		8. DATE OF BIRTH Feb. 10, 1870		9. AGE (In years last birthday) 83,	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? 10				
13a. FATHER'S NAME George Hereth			13b. MOTHER'S MAIDEN NAME Anna Eyermann		14. NAME OF HUSBAND OR WIFE Minnie Rupp.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.J. Lynch 430 Melvie Richmond Hghts, Mo.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b)</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				Generalized Arteriosclerosis							
				with Cerebral Cardiac and							
				Peripheral involvement.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		21f. HOW DID INJURY OCCUR? 4500					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
22. I hereby certify that I attended the deceased from February 2, 1953 Dec. 3, 1953, that I last saw the deceased alive on Dec. 3, 1953, and that death occurred at 2:25 P.M. from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Palma M. Boush M.D.				23b. ADDRESS 5800 Arsenal Street.		23c. DATE SIGNED 12/3/53					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec. 5, 1953		24c. NAME OF CEMETERY OR CRYPTORY St. Peter & Paul		24d. LOCATION (City, town, or county) St. Louis, Mo.		(State)			
DATE REC'D BY LOCAL REG. DEC 4 1953		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Quinn		ADDRESS 1389 Union Blvd.					
(Licensed Embalmer's Signature on Reverse Side)											

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.....
Signature of Student Embalmer

Signed... *Albert Mayfield*

Licensed Embalmer No. *307*

P. O. Address... *St. Louis*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**