

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41462**

No. 300
10-48

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3054

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD 4693</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CO. HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>632 E. JEFFERSON</u>	

3. NAME OF DECEASED (Type or Print) <u>John</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 25 53</u>	
a. (First)	b. (Middle)	c. (Last)	Herlt	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>Nov. 4, 1884</u>	9. AGE (In years last birthday) <u>69</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE AGT. COSMOPOLITAN INS. CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>TAMORA, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN HERLT</u>		13b. MOTHER'S MAIDEN NAME <u>LINA UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LATE BERTIE HERLT</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HOLLE HERLT</u> ADDRESS <u>7015 S. COLUMBIA AVE.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown Natural Causes</u>							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity 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.					

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)			
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? <u>7955</u>			

22. I hereby certify that I attended the deceased from 11-25-53 10, to 11-25, 1953, that I last saw the deceased alive on 11-25, 1953 and that death occurred at 11:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Quito Whelan, M.D.</u>		23b. ADDRESS <u>601 S Brentwood</u>		23c. DATE SIGNED <u>11-25-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Nov. 28 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEWS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>11-27-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dimbe, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. P. Kresshausen</u>		ADDRESS <u>4228 S. Kingshighway Bl.</u>	
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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 Edwin J. McKeown

Licensed Embalmer No. 7024

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.