

FILED JAN 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44256

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11915

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 9 Days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 26 1516a Hebert Street 2269	
3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) F. c. (Last) HERBST		4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 16, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22, 1899
9. AGE (In years, last birthday) 54		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY St. Louis City.	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Herbst		13b. MOTHER'S MAIDEN NAME Ellen Riley	
14. NAME OF HUSBAND OR WIFE Mrs. Hellen Herbst,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1st W.W.		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Mrs Helen Herbst,		ADDRESS 1516a Hebert Street,	
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) <u>VENTRAL ANEURISM - Myocardial infarction.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>infarction.</u> DUE TO (c) <u>Atherosclerosis -</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5603</u>	
19a. DATE OF OPERATION 14-Dec-53		19b. MAJOR FINDINGS OF OPERATION large ventral aneurism - post-operative -	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20. ACCIDENT SUICIDE HOMICIDE (Specify)		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. (CITY, TOWN, OR TOWNSHIP)		21b. (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 <u>12-7-53</u> , 19 <u>53</u> , to <u>12-16-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-16-53</u> , 19 <u>53</u> , and that death occurred at <u>9:33A</u> m.; from the causes and on the date stated above.			
23a. SIGNATURE <u>Stale M. Ryle</u>		23b. ADDRESS <u>1515 Lafayette Avenue</u>	
(Degree or title) <u>M.D.</u>		23c. DATE SIGNED <u>12-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>12-19-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. DEC 18 1953		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Math. Hermann & Son Inc.</u>		ADDRESS 2161 E. Fair Ave.	

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 *Clement McHenry*.....

Licensed Embalmer No. *3732*.....

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..