

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29181**BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **349**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (in this place) 4 hours	
c. CITY OR TOWN Cape Girardeau		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. Francis Hospital		STREET ADDRESS (If rural, give location) 818 Perry Avenue 2169	
3. NAME OF DECEASED a. (First) CHARLES		b. (Middle) J.	
c. (Last) HERBST		4. DATE OF DEATH (Month) (Day) (Year) September 13, 1955	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 15, 1911	
9. AGE (To years last birthday) 44		IF UNDER 1 YEAR Months 6 Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Service station	
11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME John Herbst		13b. MOTHER'S MAIDEN NAME Rose Ostendorf	
14. NAME OF HUSBAND OR WIFE Dorothy S. Herbst		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 490-05-6888		17. INFORMANT'S SIGNATURE OR NAME Dorothy S. Herbst	
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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular disease DUE TO (c) Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 5 hrs. 4-5 yrs ..		19. DATE OF OPERATION —	
19b. MAJOR FINDINGS OF OPERATION —		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) (Minute) —	
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 1 , 19 50 , to 13 Sep , 19 55 , that I last saw the deceased alive on 13 Sep , 19 55 , and that death occurred at 11:10 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. Washley J. MD		23b. ADDRESS Cape Girardeau, Mo.	
23c. DATE SIGNED 14 Sep 55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sept. 15, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	
24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE C. C. Summers	
DATE REC'D BY LOCAL REG. 9-15-55		ADDRESS Walthers Funeral Home Cape Girardeau, Mo.	

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

SEP 22 1931

SEP 21 1931

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 *Virgil W. Hebel*

Licensed Embalmer No. *410*

P. O. Address *Cape Girardeau*

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.