

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38353**
9805
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6418 West Park				d. STREET ADDRESS (If rural, give location) 4 6418 West Park			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES			b. (Middle) BENJAMIN		c. (Last) HERBST		4. DATE OF DEATH (Month) (Day) (Year) November 8, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 21, 1883		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 7 Days 17	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (State or foreign country) Binghamton, New York		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Charles Herbst		13b. MOTHER'S MAIDEN NAME Dora Heinz		14. NAME OF HUSBAND OR WIFE Leonora Marie Hazenpflug			
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. 496-36-4019		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonora Herbst, 6418 West Park			
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.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		DUE TO (b) L. Hemiplegia - following		DUE TO (c) Hemiplegia - hypertension		4 yrs
	ANTECEDENT CAUSES		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Hypertension		8 yrs.
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		560.5		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) _____		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 Oct 9, 1955 , to Nov. 8, 1955 , that I last saw the deceased alive on Nov. 6, 1955 , and that death occurred at 1:45 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Wm. G. Madd			(Degree or title) M.D.		23b. ADDRESS 1019 McCausland St. Louis		23c. DATE SIGNED 11/9/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/10/55	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. NOV 10 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.			

m. J. B. (Licensed Embalmer's Statement 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
Student Embalmer

Signed _____



Licensed Embalmer No. 44787

P. O. Address St. Louis, 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.