

FILED APR 6 - 1956

## STANDARD CERTIFICATE OF DEATH

State File No. ....

318

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|--|--|--|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>   |  | c. LENGTH OF STAY (in this place) _____  |  | c. CITY OR TOWN <b>St. Louis</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3006 Cherokee St.</b>   |  |  |  | e. STREET ADDRESS (If rural, give location)<br><b>24 3006 Cherokee St. 22490</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Lillian</b>  |  | b. (Middle) _____  |  | c. (Last) <b>Herbolsheimer</b>   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>3/26/56</b>   |  |
| 5. SEX<br><b>Female</b>  |  | 6. COLOR OR RACE<br><b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   |  | 8. DATE OF BIRTH<br><b>Jan. 9, 1874</b>  |  |
| 9. AGE (In years last birthday)<br><b>82 yrs.</b>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |  | IF UNDER 10 HRS.<br>Hours _____ Mins. _____  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Ownhome</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>Thomas Dailey</b>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Unknown</b> |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>George S. Herbolsheimer</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>George S. Herbolsheimer 3006 Cherokee St</b>                                       |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b><br><b>Myocarditis &amp; Nephritis</b><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>_____<br>_____<br>_____  |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>422.2</b>   |  |  |  | 20. AUTOPSY?<br>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)<br><b>3-25-56</b>  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br><b>7-53 3-26-56</b>  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 7, 1953, Mar 26, 1956</b> , that I last saw the deceased alive on <b>Mar 25, 1956</b> , and that death occurred at <b>7 AM</b> m., from the causes and on the date stated above <b>3-27-56</b> |  |  |  |  |  |  |  |
| 23a. SIGNATURE<br><b>W.B. Bush</b>   |  | (Degree or title)<br><b>M.D.</b>   |  | 23b. ADDRESS<br><b>2005 S. Grand</b>   |  | 23c. DATE SIGNED<br><b>3-27-56</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE<br><b>3/28/56</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>MAR 27 1956</b>   |  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>E.J. Schnur 3125 Lafayette Ave.</b>   |  |  |  |

**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.....  
*Thomas R. Fenwick*

Licensed Embalmer No. 37

P. O. Address... 3125 Lafa

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.  
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.