

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 24 1956

State File No. **28537**  
Registrar's No. **6688**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Desloge Hospital</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____ c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>3 6292 Magnolia Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>FLORENCE</b> b. (Middle) <b>A.</b> c. (Last) <b>HERTER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 15 1956</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 26, 1900</b>		9. AGE (In years last birthday) <b>56</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Momence, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Louis Stetson</b>		13b. MOTHER'S MAIDEN NAME <b>May Stearman</b>	
14. NAME OF HUSBAND OR WIFE <b>Herman E. Herter</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Herman E. Herter</b>		17. ADDRESS <b>6292 Magnolia Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</b>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs</b>	
2. ANTECEDENT CAUSES Morbid condition, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b>		3. DUE TO (c) _____			
3. 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) <b>420.0</b>	
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 <b>7-15</b> , 19 <b>56</b> , to <b>7-15</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>7-15</b> , 19 <b>56</b> , and that death occurred at <b>10:00P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>James R. Sullivan</b> (Degree or title) _____		23b. ADDRESS <b>4161 214 St</b>		23c. DATE SIGNED <b>7-17-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>July 18, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hiran Park Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		DATE REC'D BY LOCAL REG. <b>JUL 17 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>		25. ADDRESS <b>4228 S. Kingshighway Bl.</b>			

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

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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 *William B. White*.....

Licensed Embalmer No. *4281*.....

P. O. Address *4228 Kingsley*.....

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.