

FILED SEP. 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29430**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **1942**

1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. L. Co</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>	
c. LENGTH OF STAY (in this place) <b>30 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>333 McCoulough Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>333 McCoulough Ave.</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION <b>333 McCoulough Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>Rosie Herby</b>	a. (First)	b. (Middle)	c. (Last) <b>Herby</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8 11 56</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8/13/97</b>	9. AGE (in years last birthday) <b>58</b>	10. MONTH (Day) (Year) <b>11 28</b>	11. HOURS (Min.) <b>11 28</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House maid</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wolf Island, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles Webster</b>	13b. MOTHER'S MAIDEN NAME <b>Addie Phillips</b>	14. NAME OF HUSBAND OR WIFE <b>Chester Herby</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-36-4216</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary B. Rose</b>	ADDRESS <b>329 S Fillmore</b>
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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 complications which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocardial degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes mellitus</b>		<b>5 yrs.</b>
	DUE TO (c)		
II. 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 checked="" type="checkbox"/>
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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>260X</b>
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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
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22. I hereby certify that I attended the deceased from **11/5/57, 19** to **8/11/56, 19**, that I last saw the deceased alive on **8/5/56, 19** and that death occurred at **5 A** m., from the causes and on the date stated above.

23. SIGNATURE <b>D.R.S. White, Jr.</b>	(Degree or title)	23b. ADDRESS <b>120 N Harrison, Kirkwood</b>	23c. DATE SIGNED <b>8/15/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/18/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Father Bickson Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis / Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-13-56</b>	REGISTRAR'S SIGNATURE <b>Herbert A. Blomberg</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. W. Hemphill</b>	ADDRESS <b>408 S. Fillmore</b>
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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. 4844

P. O. Address 408 S. Hillwood

**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.