No. 300
10.48

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35624

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8564

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 3 DA.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Deaconess Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY JEFF
c. CITY OR TOWN De Soto
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 620 MILLER 05071

3. NAME OF DECEASED (Type or Print) a. (First) HANNAH b. (Middle) — c. (Last) HERDLEIN

4. DATE OF DEATH (Month) (Day) (Year) Sept. 16 1956

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH Nov. 2, 1885
9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) De Soto Mo
12. CITIZEN OF WHAT COUNTRY USP.

13a. FATHER'S NAME CARL MEIER
13b. MOTHER'S MAIDEN NAME JOHANNA HOYER
14. NAME OF HUSBAND OR WIFE HENRY HERDLEIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME CARL LUTHE ADDRESS De Soto Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Artery, thrombosis of — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 1 year
DUE TO (c) Diabetes mellitus — ?

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 260X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-13- *19* 56 *to* 9-16 *19* 56, *that I last saw the deceased alive on* 9-16-56, *19* , *and that death occurred at* 7.49 *p m., from the causes and on the date stated above.*

23a. SIGNATURE James P. Murphy, M.D. (Degree or title)
23b. ADDRESS 607 North Grand Blvd.
23c. DATE SIGNED 9-17-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE SEPT 19 1956
24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS
24d. LOCATION (City, town, or county) ST. LOUIS (State) Mo.

DATE REC'D BY LOCAL REG. SEP 17 1956
REGISTRAR'S SIGNATURE J Carl Smith M.D. MJB
25. FUNERAL DIRECTOR'S SIGNATURE Donnell B Dietrich
ADDRESS De Soto Mo

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Dexter Mo.

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