

FILED NOV 29 1956

## STANDARD CERTIFICATE OF DEATH

39475  
STATE FILE NUMBER  
10418

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

|  |  |   |  |   |   |  |   |  |
|--|--|---|--|---|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY                                 |   |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>ST. Louis</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>      |  | c. CITY<br>OR<br>TOWN <u>ST. Louis</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>   |  |   | Length of stay in lb <u>4 wks. 9 24</u>  |   | d. STREET ADDRESS (If outside, give location) <u>2138 ST. STENSBURY</u> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Martha</u> Middle <u>M.</u> Last <u>Herde</u>  |  |   |  | 4. DATE OF DEATH<br>Month <u>Nov.</u> Day <u>14</u> Year <u>1956</u>  |   |  |   |  |
| 5. SEX<br><u>Female</u>  |  | 6. COLOR OR RACE<br><u>White</u>  |  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>Sept. 1, 1890</u>   |   |  |
| 9. AGE (In years last birthday) <u>66</u>  |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  | IF UNDER 24 HRS.  |   |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>NONE</u>   |   | 11. BIRTHPLACE (City and State or country)<br><u>ST. Louis, Mo.</u>     |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>                                       |  |
| 13. FATHER'S NAME<br><u>UNKNOWN Schneider</u>  |  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>UNKNOWN Baltz</u>  |   |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  |   | 16. SOCIAL SECURITY NO.<br><u>No</u>   |   | 17. INFORMANT<br>Address<br><u>Charles C. Herde 2138 Stensbury</u>      |  |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u><br>DUE TO (b) <u>Hypertension, C V Disease</u><br>DUE TO (c) <u>Cerebral Hemorrhage</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) |  |   |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 yrs</u>                                      |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |   |  |   |  |
| 20c. TIME OF INJURY<br>Hour a. m. p. m.  |  |   |  |   |   |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) |  | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY STATE   |   |  |
| 21. I attended the deceased from <u>Jan 1950</u> to <u>Nov 14-1956</u> and last saw her alive on <u>Nov 13-56</u> .<br>Death occurred at <u>2138 Stensbury</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |  |   |  |   |   |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>El Kuenzle</u>  |  |   |  | 22b. ADDRESS<br><u>MS 4025 S Grand</u>  |   | 22c. DATE SIGNED<br><u>11/17/56</u>  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |  | 23b. DATE<br><u>Nov. 16, 1956</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Sunset Burial Park</u>   |   | 23d. LOCATION (City, town, or county) (State)<br><u>ST. Louis, Co., Mo.</u>          |   |  |
| 24. FUNERAL DIRECTOR<br><u>Will Bur. L. &amp; U. G. 2929 So. Jefferson Ave.</u>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>NOV 15 1956</u>  |   | 25. REGISTRAR'S SIGNATURE<br><u>Carl Smith MO</u>                                    |   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Harold C. Witt*

Licensed Embalmer No. 43

P. O. Address 2927 So.

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.