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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 44831 11576

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

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lutheran Hospital — Length of stay in Hospital 3 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Affton 4820 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 9900 Vasel Drive — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle F. Last HERING, Sr.
4. DATE OF DEATH Month Dec. Day 15 Year 1956
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 7, 1884
9. AGE (In years last birthday) 72 — 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) retired engineer
10b. KIND OF BUSINESS OR INDUSTRY Shoe Mfg.
11. BIRTHPLACE (City and state or country) Staunton, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Peter Hering
14. MOTHER'S MAIDEN NAME Josephine Schroeder
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Helen Hering, 9900 Vasel Dr. Affton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma
C Cardiac Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11/25/56 to 12/15/56 and last saw her/him alive on 12/14/56
Death occurred at 8:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Frank G. Zingale (Degree or title) M.D.
22b. ADDRESS 16 Hampton Village
22c. DATE SIGNED 12/17/56
23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE Dec. 18, 1956
23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave
25. DATE REC'D BY LOCAL REG. DEC 18 1956
26. REGISTRAR'S SIGNATURE J. Carl Smith MD M.S.B.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Fra nk Zingale
16 Hampton Plaza
11-1
F1 1-0155

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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 en

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

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed Felix J. Krieg

Licensed Embalmer No. 3

P. O. Address St. Lou

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..