No. 300
0.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

2803

State File No. .....

BIRTH NO. 4137-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 612

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

0

**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)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 22 ST. ANTHONY'S HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY

c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]

e. STREET ADDRESS (If rural, give location): 17590 5055 IDAHO

**3. NAME OF DECEASED** (Type or Print)
a. (First): MATTHEW
b. (Middle): -
c. (Last): HERDER

**4. DATE OF DEATH** (Month) (Day) (Year): 1 / 19 / 57

**5. SEX**: male 0
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): NEW BORN 0
**8. DATE OF BIRTH**: 1/19/57
**9. AGE** (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 2 / Min. 55

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): -------
**10b. KIND OF BUSINESS OR INDUSTRY**: ------
**11. BIRTHPLACE** (City and State or Foreign Country): ST. LOUIS, MISSOURI 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: ARTHUR EMILE HERDER
**13b. MOTHER'S MAIDEN NAME**: CYNTHIA ANN CLAUDER
**14. NAME OF HUSBAND OR WIFE**: --------

**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**: MRS. CYNTHIA HERDER
ADDRESS

**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): Neonatal asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Precipitate breech delivery at home
DUE TO (c): Birth trauma ?

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: mongolism, club feet, cong. hernias

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 761.0
**20. AUTOPSY?** YES [X] 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* 1/19, 1957, *to* 1/19, 1957, *that I last saw the deceased alive on* 1/19, 1957, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Matt W Sacker [signature] M.D.
**23b. ADDRESS**: 3923 Watson (9)
**23c. DATE SIGNED**: 1/21/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: Jan. 21, 1957
**24c. NAME OF CEMETERY OR CREMATORY**: Resurrection Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri

**DATE REC'D BY LOCAL REG.**: JAN 21 '57
**REGISTRAR'S SIGNATURE**: J Carl Smith MD MD 3
**25. FUNERAL DIRECTOR'S SIGNATURE**: WACKER-HELDERLE - 3634 Gravois Ave.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

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

working under my personal supervision..

Student ..... No Embalmer
Signature of Student Embalmer

Signed Robert C Wheeler

Licensed Embalmer No. 21

P. O. Address St Louis M

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