

Health, Welfare
Public
Service

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33627
STATE FILE NUMBER
8398

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8398

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 Enroute City Hospital		d. STREET ADDRESS (If outside, give location) 5078 Washington, 2121	

3. NAME OF DECEASED (Type or print) First Middle Last Florence Herman			4. DATE OF DEATH Month Day Year Sept. 5, 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 27, 1901		9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Massac County, Illinois,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Gus Buddelbaum		13b. MOTHER'S MAIDEN NAME Louise Krueger		14. NAME OF HUSBAND OR WIFE Alfred Herman			
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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) No. Nil.		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Connie Buddelbaum, Karnak, Illinois.			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Endocarditis</i> <i>Pulmonary Congestion</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 421.4						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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 Hour Month, Day, Year a.m. p.m.							

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <i>605 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <i>Patrick J. Taylor Carver</i>			22b. ADDRESS <i>1300 Clark</i>			22c. DATE SIGNED <i>9.7.57</i>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <i>9-8-57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Anderson Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Massac County, Illinois,</i>	
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24. FUNERAL DIRECTOR ADDRESS <i>Albert H. Hoppe 4700 Washington,</i>			25. DATE RECD. BY LOCAL REG. <i>SEP 7 '57</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith Md</i>		
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, coroner, etc. must use only standard non-mercuric stain in their reports. All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *J. Wm. Bankler*

Licensed Embalmer No. *3653*

P. O. Address *St. Louis, Mo.*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**