MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-000529

STATE FILE NUMBER

FILED VS JAN 30 1961

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 55 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 806 Williams Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JOHN Middle: G. Last: HERBST, Jr.
4. DATE OF DEATH: Month January Day 17 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/8/1905
9. AGE (last birthday): 55 — IF UNDER 1 YEAR: Months 1 Days 9 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales manager
10b. KIND OF BUSINESS OR INDUSTRY: Printing Company
11. BIRTHPLACE (City and state or country): Cape Girardeau, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: John Herbst
13b. MOTHER'S MAIDEN NAME: Rose Ostendorf
14. NAME OF HUSBAND OR WIFE: Rose Herbst
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: Mrs. Rose Herbst Address: Cape Girardeau, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic heart disease (Acute myocardial infarct) — INTERVAL BETWEEN ONSET AND DEATH: 15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): with bundle branch block — 18 mo.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 9-26-60, to 12-20-60 and last saw him alive on 12-20-60
Death occurred at 7.15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Charles F. Wilson M.D. (Degree or title)
22b. ADDRESS: Cape Girardeau, Mo.
22c. DATE SIGNED: 1-21-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 20, 1961
23c. NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Missouri
24. FUNERAL DIRECTOR: Walther's Funeral Home ADDRESS: Cape Gir., Mo.
25. DATE RECD. BY LOCAL REG.: 1-23-61
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAY 23 1961

JUN 13 1961

FEB 21 1962

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 William H Gum, Student Embalmer No. 616

working under my personal supervision.

Student William H Gum
Signature of Student Embalmer

Signed Virgil W. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, M

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.