

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

= 62-024730

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6468 STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY - - -  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri Length of stay in 1b lifetime  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2606 Alhambra Court Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY - - -  
 c. CITY OR TOWN St. Louis Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 2606 Alhambra Court Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Sallie M Herder June 29, 1962  
 5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 12-19-1885 9. AGE (last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 own home 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.  
 13a. FATHER'S NAME Robert Harbison 13b. MOTHER'S MAIDEN NAME Sallie Lynch 14. NAME OF HUSBAND OR WIFE E. O. Herder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no  
 16. SOCIAL SECURITY NO. 332X 17. INFORMANT Address Fred W. Teutenberg III 650 Locksley Place

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral Thrombus INTERVAL BETWEEN ONSET AND DEATH 6 mos  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis ?  
 DUE TO (c) 332X

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 March 1962 to 6-29-62 and last saw her alive on 6-2-62  
 Death occurred at 9:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herman C. Ross M.D. 22b. ADDRESS 1695 S. Bunford Blvd. 22c. DATE SIGNED 6-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7-2-62 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY SAM 25. DATE RECD. BY LOCAL REG. JUN 30 1962 26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

VS 300 Rev. 4/59  
 1  
 2 2/7  
 3  
 4 1  
 5 1  
 6  
 7 0  
 8 2  
 9  
 10  
 11  
 12 90-0  
 13  
 90  
 USE BLACK INK OR TYPEWRITER RIBBON  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 SHOULD READ  
 BY AFFIDAVIT OF

Dr. Herman C. Ross  
1695 S. Brentwood  
MO. 2-8770

### 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

*Linus C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address

814 S. Broadway

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.