

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26474

State File No. _____

FILED JUL 31 1953

Registrar's No. 6961

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 6961		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY _____						
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION 2705 Tennessee				e. STREET ADDRESS (If rural, give location) 2705 Tennessee						
3. NAME OF DECEASED (Type or Print) a. (First) LORETTA		b. (Middle) F		c. (Last) HERBERHOLT		4. DATE OF DEATH (Month) (Day) (Year) 7-13-1953				
5. SEX Fe male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 7-31-1910		9. AGE (In years last birthday) 42		
						IF UNDER 1 YEAR Month 11 Day 13		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec.			10b. KIND OF BUSINESS OR INDUSTRY Renken Letter Ser.			11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry J Herberholt			13b. MOTHER'S MAIDEN NAME Teresa Hohmann			14. NAME OF HUSBAND OR WIFE NONE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-07-9773		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry J Herberholt 2705 Tennesse						
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) Metastatic Malignancy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Breast DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 yrs undet.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170X						
22. I hereby certify that I attended the deceased from 1952 to 7/13/53 , 19____, that I last saw the deceased alive on 7/11/53 , 19____, and that death occurred at 2:55 PM , from the causes and on the date stated above.										
23a. SIGNATURE Geo (Degree or title) _____				23b. ADDRESS 10 Hampton Village			23c. DATE SIGNED 7/14/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-16-1953		24c. NAME OF CEMETERY OR CREMATORY Resurrectoin		24d. LOCATION (City, town, or county) (State) St. Louis Mo				
DATE REC'D BY LOCAL REG. JUL 15 1953		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WINGBERMUEHLE #3819 S Grand Blvd					

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

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 *Les J. Schickmuelle*.....
Licensed Embalmer No. *4611*

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.