

37390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 9 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 366

## 1. PLACE OF DEATH:

(a) County Cape Girardeau  
 (b) City or town Cape Girardeau  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 807 William St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
 (Specify whether \_\_\_\_\_)  
 In this community Lifetime  
 years, months or days

3. (a) PRINT FULL NAME JOHN HERBST3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ✓4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Rosa Herbst 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Sept 7 - 1873  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
71 1 26 hr. \_\_\_\_\_ min.9. Birthplace Cape Girardeau Mo  
(City, town, or county) (State or foreign country)10. Usual occupation cook11. Industry or business Restaurant12. Name Michael Herbst13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)14. Maiden name Mary Walther15. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. John Herbst(b) Address Cape Girardeau Mo17. (a) Burial (b) Date thereof Nov 6 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St Marys Cem18. (a) Signature of funeral director Walther Und Co(b) Address Cape Girardeau Mo19. (a) 11-6-44 (b) G. H. Phelps  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau  
 (c) City or town Cape Girardeau 16  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 807 William St 1  
 (If rural, give location) 4  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_ ✓ 1

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3  
year 1944 hour 1 minute - 2 M.21. I hereby certify that I attended the deceased from Nov 5 1937, to Nov 3 1944,  
that I last saw him alive on Nov 1 1944,  
and that death occurred on the date and hour stated above.Immediate cause of death: Myocarditis 7 yr  
Arterial Sclerosis 7 yrDue to \_\_\_\_\_  
Due to 93%Other conditions Bronchial Asthma 10 yr  
(Include pregnancy within 3 months of death)Major findings: no operation  
Of operations \_\_\_\_\_  
Of autopsy no autopsy  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ✓23. Signature R. G. Ritter, M.D.  
Address Cape Girardeau Mo Date signed Nov 4, 1944

District Health Officer No. 7  
District File Number 1244-4640  
Date Filed 12-2-44

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**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau 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 this body is not embalmed, fact should be so stated above.**