S. No. 2
M—2-43
. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34571

Registration District No. 316 — Primary Registration District No. 3059 — Registrar's No. 314

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 59 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. 611 East St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernest Frederick Herbst
3. (b) If veteran, name war
3. (c) Social Security No. 499-20-5322
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Josephine Herbst
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Sept (Month) 2 (Day) 1887 (Year)

8. AGE: Years 59 | Months 1 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Doe Run (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

MOTHER FATHER
12. Name Henry F. Herbst
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)
14. Maiden name Katherine Siebecker
15. Birthplace ____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Josephine Herbst
(b) Address Farmington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/46 (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery
18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo.
19. (a) 10-9-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7
year 1946 hour 3 minute 55 A. M.
21. I hereby certify that I attended the deceased from Oct 4, 1946, to Oct 7, 1946, that I last saw him alive on Oct 7, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	3 days
Due to Acute A. perforative (gangrenous)	1 week
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Completely gangrenous A. appendix. Generalized peritonitis
Of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address 11 Allen St Bonne Terre Date signed Oct 8, 1946

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(Licensed Embalmer's Statement on Reverse Side)

...IVED

... Health Officer No. 4

... File Number 1046-2748

Date Filed 10-14-46

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 Paul E Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Ten

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.