

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St Louis Mo

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

(NO. St Anthony Hospital)

St. 11 Ward)

791

File No.

26305

Registered No.

6474

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME John Hergen

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
--------------------	-------------------------------	--

DATE OF BIRTH Nov 28, 1846  
(Month) (Day) (Year)

AGE 74  
If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?  
yrs. mos. ds.

OCCUPATION  
(a) Trade, profession, or particular kind of work Fire Smith  
(b) General nature of industry, business, or establishment in which employed (or employer) 576

BIRTHPLACE (City or town, State or foreign country) Germany

PARENTS	NAME OF FATHER <u>John Hergen</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>
	MAIDEN NAME OF MOTHER <u>Margaret Moskel</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Hergen  
(ADDRESS) 3726 Iowa Ave

Filed JUL -3 1911 May C. Starkloff  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 1, 1911, to July 8, 1911, that I last saw him alive on July 7, 1911, and that death occurred, on the date stated above, at 7:25 m.

The CAUSE OF DEATH\* was as follows:  
Diabetes

59 (Duration) yrs. 4 mos. 8 ds.  
983

Contributory Wound of foot  
(SECONDARY) (Duration) yrs. 40 mos. 8 ds.

(Signed) J. A. Calhoun M. D.  
July 8, 1911 (Address) 1310 N. Grand Ave

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death - yrs. 14 mos. 14 ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence. 3726 Iowa Ave

PLACE OF BURIAL OR REMOVAL <u>New Preston</u>	DATE OF BURIAL <u>July 10</u> , 19 <u>11</u>
--	---

UNDERTAKER <u>Aug Brownland</u>	ADDRESS <u>3421 179th St</u>
------------------------------------	---------------------------------

