

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

17917

1. PLACE OF DEATH

County Cassaway Registration District No. 106 File No. 4
 Township St. Louis Primary Registration District No. 5155 Registered No. 14
 City Portland (No.) St. Ward)

2. FULL NAME

Herman Herzhauser
 (a) Residence. No. St. Ward
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Anna Herzhauser
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/22/1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Cassaway Co Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER

Mch. Herzhauser

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Does not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Germany
 (STATE OR COUNTRY)

14.

INFORMANT Anna Herzhauser
 (Address) Portland Mo

15.

FILED 6/12/1922 A. B. Bridges
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/12/22

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 that I last saw him alive on June 6, 1922 and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) One hour
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

At home
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. B. Bridges, M. D.
 , 19 (Address) Portland Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Portland Mo. 6/14/1922

20. UNDERTAKER ADDRESS

Carl Meow Portland Mo.

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.

