WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

22808

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6468

City Stharrys Mo (No. 4234 Schiller Place St. ..... Ward)

2. FULL NAME Cresence Herge

(a) Residence. No. 4234 Schiller Pl. St., 75 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Herge

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-6-1838

7. AGE: Years 89 | Months 6 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework 1860 1911
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Michael Moser
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs R Hudson
(Address) 4234 Schiller Pl Stharrys Mo

15. FILED JUL 15 1927, 19..... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 13 1927

17. I HEREBY CERTIFY, That I attended deceased from June 20th, 1927, to July 13th, 1927, that I last saw her alive on July 12th, 1927, and that death occurred, on the date stated above, at 1 3/15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

HYPOSTATIC PNEUMONIA #103
Not Broncho or Lobar
(duration) x yrs. x mos. 4 ds.

CONTRIBUTORY (SECONDARY): SENILITY + FRACTURED RIGHT HIP (FROM FALL) (duration) x yrs. x mos. 23 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? x FALL AT BDWAY + CARROLL ST.
DID AN OPERATION PRECEDE DEATH? No DATE OF x
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) Walter E. Grant, M. D
7-14, 1927 (Address) 1405 S. Bdway.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: S S Peter & Paul
DATE OF BURIAL: 7-16 1927

20. UNDERTAKER: Weick Bros
ADDRESS: 2201 So Grand