

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

Do not use this space.

31834

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **1620 Ohio Ave.**)

File No.

Registered No. **9193**

2. FULL NAME **Herman Filscherke**

(a) Residence. No. **1620 Ohio Ave.** St. **23** 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)

Widowed

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE or

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jun 1st 1843**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

84

9

13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Salt room keeper

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT

(Address)

**Amelia Freese
1620 Ohio Ave.**

15.

FILED

OCT 16 1927

Max B. Starkoff

REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 14 1927**

I HEREBY CERTIFY that I attended deceased from

Mar 10 - 1926 to Oct 14 - 1927
that I last saw him alive on **Oct 14 - 1927** and that death occurred, on the date stated above, at **12:15 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Coronary Atherosclerosis

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH

DATE OF

8 **NO**

WHAT WAS THE CONTINUED DIAGNOSIS

1015, 1927 (Address) 740 S. 4th St. St. Peter, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Peter's

Oct 17 1927

20. UNDERTAKER

ADDRESS

Wey Leidner Und Co. St. Marked

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.

