

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

Do not use this space.

3529

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis Mo* (No. *2247²*) *Howard St* (If nonresident give city, or town and State)
 St. _____ Ward _____

2. FULL NAME *Mary Herbst*

(a) Residence. No. *2247²* *Howard St.* *20* 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 *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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 30 - 1858*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 1

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) *St. Louis Mo*
 (STATE OR COUNTRY) _____

PARENTS
 10. NAME OF FATHER *Herman Stock*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER *Helen Sanders*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*
 (STATE OR COUNTRY) _____

14. INFORMANT *Mildred Hoff*
 (Address) *2247² Howard St*

15. FILED *31 1928* *Mary Starkoff*
 _____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 31st 1928*

17. I HEREBY CERTIFY, That I attended deceased from *July 3*, 1927, to *January 31*, 1928 that I last saw her alive on *January 30*, 1928, and that death occurred, on the date stated above, at *3 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

12416
131
Leishmaniasis of Liver from
Alcoholic (duration) *1* yrs. *2* mos. *28* ds.
 CONTRIBUTORY (SECONDARY) *Chronic Nephritis*
 (duration) *6* yrs. *28* ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? *NO* DATE OF _____
 WAS THERE AN AUTOPSY? *no*
 WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) *Joseph Zell*, M.D.
Jan 31, 1928 (Address) *2636 Rebel*

*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 *Mt. Olive* DATE OF BURIAL *Feb. 2 1928*

20. UNDERTAKER *Hy Leidner* ADDRESS *1417 N. Market St*

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.

