4 1928

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.

14714

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township CARONDELET — Primary Registration District No. 6248 E — Registered No. 128
City (No. 120 E. Mary Ave St. Ward)

2. FULL NAME Barbara Falkenrath
(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: 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) Dec. 27th 1849

7. AGE: Years 78 — Months 3 — Days 18 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinaty Ohio

PARENTS
10. NAME OF FATHER John Herrolds
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Belgium
12. MAIDEN NAME OF MOTHER Pauline Wutka
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Schweden

14. INFORMANT Rose Gerard
(Address) 1503 S. Vermont Sedalia Mo

15. FILED Ap. 15, 1928 L. C. Obrock M.D. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1928, to April 14, 1928 that I last saw her alive on April 14, 1928, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
15-B Facial Erysipelas
Not caused by any visible abrasion or injury
Pneumonia (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Pneumonia (2 dys.)
Arterio Sclerosis (duration) 5 yrs. mos. 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? Clinical
(Signed) M P Eidmann, M. D.
Apr. 14, 1928 (Address) 3146 Morganford Rd

*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: St Peter & Pauls Cemetery — DATE OF BURIAL: April 17th 1928

20. UNDERTAKER: J H Gebken L & U Co. — ADDRESS: 2628 Gravois Av

Sec. 37