

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

Do not use this space.

14959

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primer Registration District No. **1003**

City **St. Louis Mo.** (No. **Barnes Hospital**)

File No.

Registered No. **3870**

St. Ward)

2. FULL NAME

(a) Residence. No. **905 St. Rita Ave.** St. **12** Ward. **St. Louis County**

(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 white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Martin Herzog

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov 7 - 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65

5

0

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)

Germany

PARENTS

10. NAME OF FATHER

Emerson Schaedel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

u u

14.

INFORMANT (Address)

**Martin Herzog
905 St. Rita Ave**

15.

FILED **APR - 8 1928**

Mary C. Standley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4 - 7 1928**

17.

I HEREBY CERTIFY, That I attended deceased from **4 - 2 1928** to **4 - 7 1928**, that I last saw her, alive on **4 - 7 1928**, and that death occurred, on the date stated above, at **7:35 a.m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia

1010 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

**Ischaemic Disease
Chronic Myocarditis** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS **Confirmed by Autopsy**

(Signed) **H. H. Niesehe**, M. D.

47 . 1928 (Address) **Barnes**

*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

DATE OF BURIAL

Labray **4-9 1928**

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly **2039 Wash St**

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.

