

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

Do not use this space.

19121

1. PLACE OF DEATH

County.....*St. Louis*..... Registration District No. **791**
 Township.....*St. Louis*..... Primary Registration District No. **1008**
 City.....*St. Louis* (No. *3961*).....*Levington Ave*..... St. Ward

File No.
 Registered No. **5542**

2. FULL NAME

Frank G. Heerich
 (a) Residence. No. *3961* *Levington* St., *10* 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>June 14 - 1885</i>		
7. AGE YEARS <i>42</i>	MONTHS <i>11</i>	DAYS <i>6</i>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Book keeper</i> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <i>G. D. Herschberg Co</i>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>MO</i>		
10. NAME OF FATHER <i>Henry Heerich</i>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
12. MAIDEN NAME OF MOTHER <i>Rose Conrad</i>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis MO</i>		
14. INFORMANT <i>Mrs Rose Heerich</i> (Address) <i>3961 Levington</i>		
15. FILED <i>MAY 22 1928</i> 19... <i>May C Starbuck</i> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

7
 16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 30 1928*
 17. I HEREBY CERTIFY, That I attended deceased from *May 28* to *May 30*, 19*28*, that I last saw him alive on *May 29*, 19*28*, and that death occurred, on the date stated above, at *6* m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Throat
23A
 (duration) ? yrs. mos. da.
 CONTRIBUTORY *Fracture* (SECONDARY)
 (duration) ... yrs. mos. da.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, *Unknown*
 19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF ...
 WAS THERE AN AUTOPSY? *no*
 WHAT TEST CONFIRMED DIAGNOSIS? *Chinical*
 (Signed) *PB Kappel*, M. D.
721, 1928 (Address) *City Hospital*
 *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 Louis Cemetery* DATE OF BURIAL *May 23 1928*
 20. UNDERTAKER *Aaron L. McC* ADDRESS *2707 N. Grand*

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.

