UG 29 1928

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

Do not use this space.

1. PLACE OF DEATH
County St Louis
Township CARONDELET
City
Registration District No. 1123
Primary Registration District No. 6248 A
(No. 233 Vulcan Av. St. Ward)
File No. 25051
Registered No. 231

2. FULL NAME Herbert J. Ind.
(a) Residence. No. 233 Vulcan Av. 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 31 - 1921
7. AGE Years 7 Months 3 Days 8 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School boy.
(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) St Louis Co Mo

PARENTS
10. NAME OF FATHER Adolph Ind.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo
12. MAIDEN NAME OF MOTHER Anna Thorna
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

14. INFORMANT Adolph Ind.
(Address) 233 Vulcan.
15. FILED July 9, 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1928
17. I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to July 8th, 1928, that I last saw him alive on July 7th, 1928, and that death occurred, on the date stated above, at 8 35 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: General Peritonitis
1928 B
129
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Intussection
(duration) yrs. mos. 6 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 118 B
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Joseph Hardy, M. D
July 9, 1928 (Address) 7602 S. Bridway

*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 C. S. Peter & Paul
DATE OF BURIAL July 10, 1928
20. UNDERTAKER Fradler-Mud. Co
ADDRESS 7819 Michigan

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.

Hardy