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

Do not use this space.

29283

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 903

City St. Louis, (No. Deaconess Hospital St. ..... Ward)

File No. 8864

Registered No. .....

2. FULL NAME Hedwig Hertel.

(a) Residence. No. 4305 Michigan Avenue St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 15. 1864.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	10	14	

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 John Hertel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Barbara Koschmieder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mary Hertel
(Address) 4305 Michigan Avenue

15. FILED ....., 19..... Max C Starkloff
REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH 8/29/28

16. DATE OF DEATH (MONTH, DAY AND YEAR) AUG. 29th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 8th, 1928, to Aug 29th, 1928 that I last saw her alive on Aug. 29th, 1928, and that death occurred, on the date stated above, at 2.50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

ADENO-CARCINOMA OF THYROID GLAND 52 B
44 B (duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) EROSION INTO LEFT CAROTID ARTERY + HEMORRHAGE (duration) — yrs. — mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? YES DATE OF 5-9-28 8-29-28

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? OPERATION

(Signed) Walter E. Frank, M. D.

8-31, 1928 (Address) 1405 S. Bilsany

*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: SS. Peter & Paul Cemetery

DATE OF BURIAL: Sept. 1 1928

20. UNDERTAKER: J H Gibson L. and K. Co

ADDRESS: 2842 Meramec

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.