

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

Do not use this space.

31884

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... (No.....)

Registration District No. 791  
Primary Registration District No. 11703

File No. ....  
Registered No. 9143  
St. .... Ward)

**2. FULL NAME**

GEORGE H. HERGET

(a) Residence No. 4721 St. Louis St. 6 Ward.

(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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 | 5 | 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Wood worker  
(b) General nature of industry, business, or establishment in which employed (or employer) Poolman Babco  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

10. NAME OF FATHER Philip H. Herget

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

12. MAIDEN NAME OF MOTHER Antonia Hecker

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

14. INFORMANT (Address) Hubert H. Herget 7721 St. Louis Ave

15. FILED SEP 15 1928 Max C. Stankoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10 19 28

17. I HEREBY CERTIFY That I attended deceased from Jan 10 19 27 to Sept 10 19 28 (that I last saw him/her alive on Sept 28 19 28, and that death occurred, on the date stated above, at 7:55 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Bladder and Kidney  
57A (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 49

DID AN OPERATION PRECEDE DEATH? No DATE OF 10

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Spec. Exam. Pap

(Signed) J. C. ... Address 3175a So. Gabel Blvd

\*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

St. Marcus Sept 13 19 28

20. UMBERTAKER ADDRESS

Central Ind. Co. 1841 Pass.

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.

*Handwritten text at the top left corner, possibly a signature or page number.*