

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

Do not use this space.

35305

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **3852 De Troy**)

File No. **10292**

Registered No. **10292**

St. Ward)

2. FULL NAME

Louis F. Naerberle

(a) Residence. No. **3852 De Troy** St. **17** Ward.

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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Widowed

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

Dora Naerberle

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

May 26 1838

7. AGE

90

5

23

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Minister

(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

10. NAME OF FATHER

Mrs Naerberle

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Mueller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

**Mrs. T. L. Mueller
3852 De Troy St**

15.

FILED

OCT 20 1928

Mrs. B. Starkeoff

REGISTER

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct. 18 1928

17.

HEREBY CERTIFY That I attended deceased from **Oct 9 1928** to **Oct 18 1928** that I last saw him alive on **Oct 17 1928**, and that death occurred, on the date stated above, at **9 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Pneumonia
93L left lower**

CONTRIBUTORY (SECONDARY)

Cor. myocarditis; chr. cystitis

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? **No.** DATE OF

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

10-19, 1928 (Address) 3945 N 11 St

*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. Johns

Oct. 23 1928

20. UNDERTAKER

Wm. F. Paschedag

**ADDRESS
2825 No. Grand**

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.

