

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

Do not use this space.

1244

1. PLACE OF DEATH

County Jefferson

Registration District No. 14

Township Shirley

Primary Registration District No. 421P

City St. Louis

File No.

Registered No. 4

St.

Ward)

2. FULL NAME

Elenore Katherine Herigon

(a) Residence. No.

(Usual place of abode)

St.

Ward

(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

Female

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

Child of Philip Herigon

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

Nov. 14 - 1922

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, hrs.

or min.

6

2

7

8. OCCUPATION OF DECEASED

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

School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Thomas

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Philip Herigon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Thomas

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Mary Zueffernig

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Thomas

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

Philip Herigon

Meta Missouri

15.

FILED

Jan 24 1929

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 21 1929

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, about 4 P

THE CAUSE OF DEATH* WAS AS FOLLOWS:

By gunshot wound
of the head
one of the deputies
in an attempt to
make an arrest

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Daniel Cooper J.P.
1244 19 29
acting coroner

*State the DISEASE CAUSING DEATH, or incidents 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

Meta Mo.

Jan 21 1929

20. UNDERTAKER

ADDRESS

C.A. Roof

Winchester Mo.

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.

THIS IS A PERMANENT RECORD

