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

Do not use this space.

38289

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 60338 — Registered No. 360
City (No. 3718 Jennings Rd St. Ward)

2. FULL NAME Esther Herbert
(a) Residence. No. 6510 Leschen St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13 1925

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
4	4	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Michel Herbert
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria
12. MAIDEN NAME OF MOTHER Mary Ziegler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria

14. INFORMANT Mr Michel Herbert
(Address) 6510 Leschen Ave.

15. FILED 11/25 1929 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 24 1929

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to November 24 1929 that I last saw her alive on November 24, 1929, and that death occurred, on the date stated above, at 10.05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia 1 wk.
Asphyxia edema of glottis (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) La Grippe type - Streptococcus Pneumoccus (duration) yrs. mos. ds.
Staphlococcus

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? none
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) Luke B. Tiernan, M.D.
11/25, 1929 (Address) 3718 Jennings Rd.

*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: Valhalla Cemetery
DATE OF BURIAL: 11-26 1929

20. UNDERTAKER: Geo. L. Pleitsch
ADDRESS: 5966 Easton ave

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.

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