

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 28 1930

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

Do not use this space.

13879

1. PLACE OF DEATH

County St. Louis  
Township Central  
City St. Louis (No. \_\_\_\_\_)

Registration District No. 189  
Primary Registration District No. 6033B

File No. \_\_\_\_\_  
Registered No. 141  
St. \_\_\_\_\_ Ward)

2. FULL NAME

Matildia Louise Herboth

(a) Residence. No. Bonhomme + Price Rd. Ward. \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH DAY AND YEAR) Sept. 2 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 7 25

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House-work  
(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) Missouri

10. NAME OF FATHER Frederick Schulze

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

12. MAIDEN NAME OF MOTHER Augusta Pullman

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

14. INFORMANT Virginia E. Gruender  
(Address) 10299 art. Hill St. Louis Mo.

15. FILED 4/28 1930 Opela Gray, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 27 1930  
17.  I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to April 27, 1930.  
that I last saw him alive on April 26, 1930, and that death occurred, on the date stated above, at 1 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis (Chronic)  
930 (duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
1200 CONTRIBUTORY Germano Calista  
(SECONDARY) (duration) 3 yrs. 6 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
0 DID AN OPERATION PRECEDE DEATH? 2 DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? 2  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) E. L. Sheahan, M. D.

4/27, 1930 (Address) Humboldt Bldg  
\*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 Oak Hill Cemetery DATE OF BURIAL April 29, 1930

20. UNDERTAKER Louis H. Bopp ADDRESS Kirkwood, Mo.

