

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

Do not use this space.

24319

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Jewish Hospital)

File No.....
Registered No. 6450
St..... Ward.....

2. FULL NAME

Louis K. Hershman
(a) Residence. No. Chase Hotel St. 12 Ward.....

(Usual place of abode) (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 Male 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) March 14 - 1895

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>35</u>	<u>3</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Clothing
(c) Name of employer Bech Bros.

9. BIRTHPLACE (CITY OR TOWN) Baltimore
(STATE OR COUNTRY) Md.

10. NAME OF FATHER Joseph Hershman

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

12. MAIDEN NAME OF MOTHER Sarah Frank

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

14. INFORMANT Sid. Hecht
(Address) 4950 Lindell

15. FILED 3 1930
Max C. Stork
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-4 1930

17. I HEREBY CERTIFY, That I attended deceased from 6/30, 1930, to 7-4, 1930, that I last saw him alive on 7-4, 1930 and that death occurred, on the date stated above, at 7:13 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Post-operative broncho-pneumonia - bilateral
Chad acute appendicitis perforated (duration) yrs. mos. 3 ds.
CONTRIBUTORY deterium tremens (SECONDARY)
pericarditis (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 6/30/30

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS X-ray
(Signed) Ch. Hecht M. D.

, 19. (Address) Jewish Hosp

*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 Baltimore Md. DATE OF BURIAL July 5 1930

20. UNDERTAKER A. Rindskopf ADDRESS 5216 Delmar

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.

