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

Do not use this space.

37412

1. PLACE OF DEATH
County ——
Township ——
City St. Louis, Mo. (No. ——, Sanitarium St. ——Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. ——
Registered No. 10453

2. FULL NAME John Herwig
(a) Residence. No. ~~[illegible]~~ Ward. 13 (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Separated

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30, 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day ....hrs. or ....min.
	28	1	3	

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

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

PARENTS
10. NAME OF FATHER John Herwig
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ——
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Anna Stern
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ——
(STATE OR COUNTRY) Illinois

14. INFORMANT C. E. Baldree Jr.
(Address) 5300 Arsenal St

15. FILED NOV 19 - 1 1930 Max C. Starkey REGISTRAR

3 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 2 1930

17. I HEREBY CERTIFY, That I attended deceased from 7 - 1, 1930, to 11 - 2, 1930 that I last saw him alive on 11 - 2, 1930, and that death occurred, on the date stated above, at 7:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Parisis (Luetic) Insane
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Serological
(Signed) C. E. Baldree Jr. M. D.
11 - 2, 1930 (Address) 5300 Arsenal

*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
Bethany Cemetery	Nov 5th 1930
20. UNDERTAKER John P. Collins	ADDRESS 928 N Grand Av

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.