

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis (No. 2209) Delor St. Ward

File No. 41043
Registered No. 11706
St. Ward

2. FULL NAME

Caroline meta Hertz
(a) Residence. No. 2209 Delor St. 15 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 - 1897

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>33</u>	<u>7</u>	<u>3</u>	

8. OCCUPATION OF DECEASED 181
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

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

10. NAME OF FATHER George Hertz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis mo

12. MAIDEN NAME OF MOTHER Louise Friede

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis mo

14. INFORMANT Geo. Hertz
(Address) 2209 Delor

15. FILED DEC 15 1930
19 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1930

17. No Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred on the date stated above, at _____, 6:25 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Short + Curus
1st deg. Degenerative
to clothing while lighting
gas stove at residence
CONTRIBUTORY (SECONDARY) Accidents
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? No Burning Beag
IF NOT AT PLACE OF DEATH. _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) A. W. Kerner M.D.
12/15/30 (Address) Del. Cera

*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 New St. Marcus DATE OF BURIAL 12/16 1930

20. UNDERTAKER E Hoffmeister and Co ADDRESS 7814 S Broadway

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.

