

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

Do not use this space.

8280

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. 1829 N. 18 St.)

File No.....

Registered No. 2673

St..... Ward.....

2. FULL NAME

Blaise Herzog

(a) Residence. No. 1829 N. 18 St. St., 26 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 17th 1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
	<u>88</u>	<u>—</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Brewer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Blaise Herzog

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

12. MAIDEN NAME OF MOTHER Mary Anna Muntz

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

14. INFORMANT Louise Herzog
(Address) 1829 N. 18 St.

15. FILED 19 Dr. C. Standen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26th 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1930, to Feb. 26, 1931 that I last saw her alive on Feb. 25, 1931, and that death occurred, on the date stated above, at 4:30 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

99A Acute Myocarditis
(duration) yrs. 1 mos. 19 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 910
IF NOT AT PLACE OF DEATH ①

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John W. Macdonald, M. D.

(Address) 589 N Grand
*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 Calvary DATE OF BURIAL Mar. 2nd 1931

20. UNDERTAKER Angus Brookland ADDRESS 1421 N. 9 St.

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.

