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.

JUN 24 1931

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

Do not use this space.

17197

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township Washington — Primary Registration District No. 1001 — Registered No. 542
City St. Joseph (No. 1619 North Second St. Ward)

2. FULL NAME Rose Hertzel

(a) Residence, No. 1619 No 2nd St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Jacob Hertzel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1857

7. AGE: Years 74 — Months 2 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

FATHER
13. NAME Unknown Bauer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Unknown Hoffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Mrs. Rose Habible Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn DATE May 22, 1931

19. UNDERTAKER (ADDRESS) E. L. Eidenfaden 602 So. 10 St.

20. FILED 5-21-31, 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1931, to May 21, 1931.
I last saw h. alive on May 20, 1931. Death is said to have occurred on the date stated above, at 10:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Aortic Insufficiency	2

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Gustav A. Law, M. D.
(Address) Kirkpatrick Bldg