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.

AUG 24 1931

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

Do not use this space.

24248

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 730

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Frances Herchenroder,

(a) Residence, No. 3023 South 9th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 44 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): Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1853

7. AGE: YEARS 77 — MONTHS 8 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home,
10. Date deceased last worked at this occupation (month and year) July 1931
11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover, Germany,

FATHER

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

MOTHER

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

17. INFORMANT (ADDRESS) Henry Herschenroeder 3023 South 29th. Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE July 4th. 1931

19. UNDERTAKER (ADDRESS) Heaton - McGall & Bowman 319 S. 10 St. Funeral Home

20. FILED 7-3, 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2nd, 1931

22. I HEREBY CERTIFY That I attended deceased from June 29, 1931, to July 2nd, 1931

I last saw her alive on July 2nd, 1931. Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arterio-Sclerosis, General

Other contributory causes of importance:

Name of operation ..... 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) Emmett F. Cook, M. D.

(Address) Phys. Surg. Bldg