

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Midland Sani.

Registration District No. 789
Primary Registration District No. 60, 23 B,
(No. Midland Sani.)

26154

Registered No. 257
St. _____ Ward _____

2. FULL NAME

Mary Herbert

(a) Residence, No. 6510 Leecher Ave. St. _____ 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 _____ 4. COLOR OR RACE Tanish White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 21, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	38	7	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundry
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Hungaria

10. NAME OF FATHER August Ligeles

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mr. Michael Herbert

(Address) 6510 Leecher Ave

15. FILED 7/25 1931 Golla, Gray, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1931

17. I HEREBY CERTIFY, That I attended deceased from July 24 1931, that I last saw him alive on July 24 1931 and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Eclampsia
146

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 6510 Leecher
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas. A. Tre, M. D.

7/25, 1931 (Address) 6125 Easton

*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 Valhalla Cemetery DATE OF BURIAL 7-28 1931

20. UNDERTAKER Geo. L. Pleitch Inc ADDRESS 5966 Easton Ave

WRITE 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. AUG 29 1931

Was this a puer-
peral case?

Yes.
Golla Quay's
7-9-

requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

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Name: Mary Herbert

Who died at: St. Louis Co. on July 24, 1931

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Eclampsia, Puerperal

Contributory: Nephritis

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____