

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

Do not use this space.

364

1. PLACE OF DEATH  
 16 County Cape Girardeau Registration District No. 125  
 1 Township Cape Girardeau Primary Registration District No. 2009  
 8 City Cape Girardeau, Mo. St. Francis Hospital (Ward)

2. FULL NAME Helen Edith Vagh  
 (a) Residence, No. Res. # 2 - Minnesota Ave. (If nonresident, give city or town and State)  
 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.

**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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26 - 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>17</u>	<u>2</u>	<u>16</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

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) Cape Girardeau, Missouri

FATHER

13. NAME Henry Herbst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo.

MOTHER

15. MAIDEN NAME Rosa Herbst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Missouri

17. INFORMANT (ADDRESS) Mrs. Frank Vagh, Minnesota Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis Hospital DATE Jan. 12, 1932

19. UNDERTAKER (ADDRESS) Al Brinkhoff, 536 Broadway

20. FILED 1/12 1932 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3<sup>rd</sup>, 1932, to Jan. 9<sup>th</sup>, 1932  
 I last saw her alive on Jan. 9<sup>th</sup>, 1932 Death is said to have occurred on the date stated above, at 7 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonitis Date of onset 1-3-32  
1218  
129  
 Other contributory causes of importance: appendicitis

Name of operation appendicitis Date of 1-5-32  
 What test confirmed diagnosis? Operation 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 \_\_\_\_\_ (D)

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) John St. Avit, M. D.  
 (Address) 6 N. Spanish St.

WHITE PAPER, 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.

FEB 23 1932

