

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

Do not use this space.

6215

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis Mo* (No.....)

Registration District No. *791*
1003
Primary Registration District No. *5040 Gerritt St.*

File No.....
Registered No. *1244* (Ward.....)

2. FULL NAME:

Clara Herbst
(a) Residence. No. *5040 Gerritt* St., *15* Ward.

(Usual place of abode) (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) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Unknown*

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>84</i>	<i>Unknown</i>	<i>Unknown</i>	<i>Unknown</i>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... *Housework*
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer..... *At Home*

9. BIRTHPLACE (CITY OR TOWN)..... *Germany*
(STATE OR COUNTRY)..... *10*

PARENTS

10. NAME OF FATHER..... *Unknown*
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... *Unknown*
(STATE OR COUNTRY)..... *11*
12. MAIDEN NAME OF MOTHER..... *Unknown*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... *Unknown*
(STATE OR COUNTRY).....

14. INFORMANT..... *Mrs. Mrs. Valdes Lewis*
(Address)..... *72835 Pers Ave*

15. FFD -7 1932 FILED..... *Max E. Starbuck*
19M..... REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 5 1932*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 24*, 1932, to *Feb 5*, 1932 that I last saw h..... alive on *1/27*, 1932 and that death occurred, on the date stated above, at *6 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Pneumonia #103
1067 following Acute Bronchitis

97 (duration) yrs..... mos. *14* ds.
CONTRIBUTORY (SECONDARY) *115 Arteriosclerosis*
(duration) *10* yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED *106 W*

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *no* DATE OF..... *(11)*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS..... *Clinical*
(Signed)..... *Albert Hoehmann* M. D.

Feb 7, 1932 (Address) *3817 Colburn*

*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..... *Resurrection Cemetery, Moberly Mo* DATE OF BURIAL..... *Feb 8 1932*

20. UNDERTAKER..... *Mr. J. R. Post* ADDRESS..... *1905 S Grand Blvd*

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.

