

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

Do not use this space.

10719

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 5003
 City St. Louis (No. Mo. Baptist Hosp. St. Ward)
 Registered No. 2790

2. FULL NAME

(a) Residence, No. 7216 Lindell Ave., 12 Ward, University City, Mo.
 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1845

7. AGE - YEARS 86 MONTHS 11 DAYS 1 If LESS than 1 day, hrs. or min.

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.

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) Illinois

13. NAME Bernard Herman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

15. MAIDEN NAME Catherine Barth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. A. F. Alphonse

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Mar. 24, 1932

19. UNDERTAKER (ADDRESS) Geo. Dr. Clark

20. FILED Mar 25 1932 Wm. C. Standen Registrar.

4 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1932 to March 21, 1932

I last saw him alive on March 21, 1932 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Pneumonia Date of onset 3/10/32

Other contributory causes of importance:

fracture left hip received from fall from home

Name of operation closed reduction of hip Date of 2/24/32

What has confirmed diagnosis fracture Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 2/7/32

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury fell at home

Nature of injury fractured left hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm. C. Standen M.

(Address) at all old

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.

Paul L. Klirer (to)

3903 Pine St.

Sp. 5000.

2 RA.