

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

Do not use this space.

21133

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1013  
City St. Louis (No. City Hospital)

File No.....  
Registered No. 5683  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4359 Tapp St., 15 Ward.

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 26, 1856</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>6</u>	DAYS <u>18</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1860-1900</u>			
	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) <u>Germany 16</u>				
FATHER	13. NAME <u>John Hertel</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Mary Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT (ADDRESS) <u>City Hospital Information</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>No. Cemetery</u> DATE <u>June 16, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>Southern Undertaking Co.</u>				
20. FILED <u>June 16, 1932</u> Registrar.				

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1932 to June 14, 1932  
I last saw her alive on June 14, 1932 Death is said to have occurred on the date stated above, at 6:55 P.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Other contributory causes of importance: Fracture of left femur  
Fracture of left femur  
Fracture of left femur  
Name of operation Amputation Date of June 14, 1932  
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? Accident 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. Public Place  
Manner of injury Fall on stairs  
Nature of injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Day maid  
(Signed) Day maid, M. D.  
(Address) City Hospital #1

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.

Chronic Myocarditis

*Handwritten text at the top of the page, possibly a page number or title, which is mostly illegible due to blurring and fading.*