

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

Do not use this space.

**33412**

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 786  
6 Township Central Primary Registration District No. 4469  
6 City Maplewood (No. 9212 Sulton ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Henry Herold

(a) Residence, No. 3212 Sulton St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 - 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 — 9 420

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. R.P. mail.

10. Date deceased last worked at this occupation (month and year) Oct - 1920 11. Total time (years) spent in this occupation 420

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merxheim Germany

13. NAME Frederich Rudolph Herold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merxheim Germany

15. MAIDEN NAME Anna Margaretha Duppel

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

17. INFORMANT (ADDRESS) Mrs. A. Herold 3212 Sulton ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation Valhalla DATE Oct 15 1932

19. UNDERTAKER (ADDRESS) Paisher & Grand Co Webster Graves

20. FILED Oct 13 1932 Mercedes Schuster Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to Oct 13 1932

I last saw him alive on Oct 13 1932 Death is said to have occurred on the date stated above, at 9A m.

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

Chronic Valvular Cardiac Disease Date of onset 13!

Other contributory causes of importance: Cerebral Hemorrhage Chronic Parenchymatous Nephritis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Physical Body Is there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) Vincent Hommel \_\_\_\_\_, M. D.

(Address) 3161<sup>st</sup> Sulton Ave Maplewood Mo

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.

NOV 28 1932

7269. *Asplenium*