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.

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

Do not use this space.

37754

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10456

City St Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Herbert J. Versen

(a) Residence, No. 3423 - Montana St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 22-1899

7. AGE: YEARS 32 | MONTHS 11 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Co
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 172

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER

13. NAME: Leo Versen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

17. INFORMANT (ADDRESS): Leopold Versen 3423 Montana St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset DATE Nov 28 1932

19. UNDERTAKER (ADDRESS): Wacker Helderle 2331 S Broadway

20. FILED NOV 26 1932 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932, to Nov 24, 1932

I last saw him alive on Nov 24, 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:

Septic Pneumonia
Broncho
following Influenza
& Septic Multiple
Arthritis

Date of onset

Other contributory causes of importance:

11A
130A
107A

Name of operation none Date of ...

What test confirmed diagnosis? X ray 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 .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Albert J Griot, M. D.

(Address) 3109 S. Grand Blvd