

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No.
 City St. Louis, (No. American Hospital, St. Ward)

File No. 41997
 Registered No. 11120

2. FULL NAME

Sophia Herzog,
 (a) Residence, No. 5002 Minerva av. St. 6 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) Single,
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1869-10-11
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Housewife) Hurke
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 344
 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) Kinnsrich, Mo. 1

MOTHER
 13. NAME Unknown Herzog,

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11 31

17. INFORMANT Mrs. H. Beck
 (ADDRESS) 5002 Minerva av.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE 12/16/32 19

19. UNDERTAKER Whatman Undertaking Co.
 (ADDRESS) Clayton Road at Concordia Lane

20. FILED DEC 15 1932 19 May C. Stanton Registrar. 11/13/32

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from December 9th, 1932, to December 14th, 1932.
 I last saw her alive on December 13th, 1932. Death is said to have occurred on the date stated above, at 3 A. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
 Arteriosclerosis,
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? 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 32
 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) T. J. Keck M. D.
 (Address) 3760 Lindell blvd.

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.

