

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

Do not use this space.

2968

1. PLACE OF DEATH

County St. Genevieve Registration District No. 780
Township _____ Primary Registration District No. 4466
City St. Genevieve Mo. St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME Caroline Herzog

(a) Residence, No. _____ St. _____ 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leo Herzog
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18th 1844
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 88 10 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Genevieve Missouri

13. NAME Geophast Eichenlaub

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

15. MAIDEN NAME Catharine Jakob

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

17. INFORMANT Henry Herzog
(ADDRESS) St. Genevieve Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Genevieve DATE Jan 9th 1933

19. UNDERTAKER Walter J. Stanton
(ADDRESS) St. Genevieve Mo.

20. FILED Jan 9 1933 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from JAN 2nd 1933 to JAN 6th 1933

I last saw her alive on JAN 6, 1933 Death is said

to have occurred on the date stated above, at 2:00 m.

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

Arterio Sclerosis 1912
95B

Other contributory causes of importance:
Cardiac Asthma JAN 2 1932

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? N.O.

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? N.O.
If so, specify _____
(Signed) Arthur S. Lauer, M. D.
(Address) St. Genevieve Mo.

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.

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