

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

Do not use this space.

21791

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 003
 City St. Louis (No. City Hospital #1) St. Ward)

File No.
 Registered No. 5598

2. FULL NAME

George Herdes
 (a) Residence, No. 4603 Enright St. 14 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Herdes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30, 1874</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>0</u>
		DAYS
		<u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Fairbanks Co. Co.</u>		
10. Date deceased last worked at this occupation (month and year) <u>Not known</u>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Carl Herdes</u> (ADDRESS) <u>4250 Russell</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Memorial Park</u> DATE <u>June 30, 1933</u>		
19. UNDERTAKER <u>Drehmann Harval</u> (ADDRESS) <u>1905 5 Union</u> <u>JUN 21 1933</u>		
20. FILED 19... <u>J. F. Bredeck</u> Registrar.		

No MEDICAL CERTIFICATE OF DEATH
No Physician or Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 6:15 p.m.
 The principal cause of death and related causes of importance were as follows:
82A
Pericardial Apoplexy
Arterio Sclerosis
 Date of onset

Other contributory causes of importance: 82A

8
 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.....
 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) Frank P. Furlong
 (Address) Corner

WHITE 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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6/27/33 -

