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

Do not use this space.

27476

1. PLACE OF DEATH
County 95 Registration District No. 780
Township Primary Registration District No. 4466
City Ste. Genevieve (No. ..... St. ..... Ward)

File No. .....
Registered No. 45

2. FULL NAME Frank X 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 9 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 Lena Basler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	8	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Ste. Genevieve Co Missouri

FATHER
13. NAME Bonaventure Herzog
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Appolonia Schmeidera
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hilda Herzog Ste. Genevieve

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coffman Mo DATE 8/28 1933

19. UNDERTAKER (ADDRESS) Leo C. Basler Ste. Genevieve Mo

20. FILED Aug 26 1933 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26 1933

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1933, to Aug. 26, 1933, 19..
I last saw him alive on Aug. 25, 1933, 19.. Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococus meningitis.	
Onset about August 3rd., 1933.	
92 C	
79 A	
93 C	

Other contributory causes of importance:
Chronic myocarditis.
About August 1st, 1932 (Date of onset; approximate).

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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) J. H. Rodgers DC M. D.
(Address) St. Genevieve Mo

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.

SEP 26 1933

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