

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

Do not use this space.

31048

1. PLACE OF DEATH

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

File No.
 Registered No. 7728

2. FULL NAME

(a) Residence, No. 4320 Humphrey St., 76 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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Barbara Herold</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 10 1864</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>8</u>	DAYS <u>25</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Night watchman</u>	
	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) <u>Germany</u>		
MOTHER FATHER	13. NAME <u>Unknown Herold</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Charles J. Herold</u> (ADDRESS) <u>4320 Humphrey</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul Church</u> DATE <u>9 8 1933</u>		
19. UNDERTAKER <u>Walt B. Co. & H. Co.</u> (ADDRESS) <u>2929 Jefferson</u>		
20. FILED <u>SEP - 7 1933</u>		

1 No MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 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 9:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Encephalitis (Epidemic)
 Date of onset 11 17

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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. Gardner
 (Address) boover

Registrar.

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.

OCT 20 1933

