

**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. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. James Hospital) St. Ward)

File No. **22422**
 Registered No. **6207**

2. FULL NAME John Jacob Herdlein

(a) Residence, No. 227 Alfred St. 17 Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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>Amanda</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 10 1877</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>8</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>clerk</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>office work</u>		
10. Date deceased last worked at this occupation (month and year)..... Total time (years) spent in this occupation <u>.....</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Columbus Ohio</u>		
13. NAME <u>John Herdlein</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>Amanda Herdlein</u> (ADDRESS) <u>2127 Alfred Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funeral Home June 27 1934</u>		
19. UNDERTAKER <u>Wacker - Belderbe</u> (ADDRESS) <u>2381 Broadway</u>		
20. FILED <u>J. Stredbeck</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-19-1934 to 6-25-1934

I last saw him alive on 6-25-1934 Death is said to have occurred on the date stated above, at 4:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Endocarditis, Chr
streptococcus viridans
 Date of onset
36
720

Name of operation..... Date of.....

What test confirmed diagnosis? Culture 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? no
 If so, specify.....

(Signed) C. Allen Good, Jr., M. D.
 (Address) Barnes Hosp
St. Louis, 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

2253
 2
 21
 20

