

SEP 25 1934

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis Registration District No. 795 File No. 30625
Township Bonhomme Primary Registration District No. 6031 Registered No. 186
City Foreston (No. 1/4 mile East of bridge Valley Park) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. 957 1/2 Liberty Overland mo
(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. moa. 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>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Herzog</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 13-1903</u>				
7. AGE	YEARS <u>30</u>	MONTHS <u>11</u>	DAYS <u>20</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>Gardener</u>			
	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) <u>Aug 7 1934</u>			
11. Total time (years) spent in this occupation <u>6yr</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kunswick, Mo.</u>				
FATHER	13. NAME <u>John Herzog</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Foreston mo</u>			
MOTHER	15. MAIDEN NAME <u>Sophie Humphrey</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis mo</u>			
17. INFORMANT (ADDRESS) <u>Sophie Humphrey 957 1/2 Liberty Ave Overland mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wm. St Pauls Cem</u> DATE <u>Aug 5 1934</u>				
19. UNDERTAKER (ADDRESS) <u>Baumgardner Burial Co Inc 750 N Woodson St Overland mo</u>				
20. FILED <u>Aug 4 1934</u> <u>Agnes C. Kiehl, Reg</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2-1934

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 2PM.

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

Accidental drowning 1/4 mile E. of Bridge, Valley Park, St. Louis County (while in swimming with other comrades). Body in water about an hour, recovered by divers.

Other contributory causes of importance:

183 183

Name of operation Coroner's view 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? as above (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

public place
Manner of injury drowning (accidental)
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signature) Luke B. Tunison 8/3/34
(Address) 3718 Jennings St

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

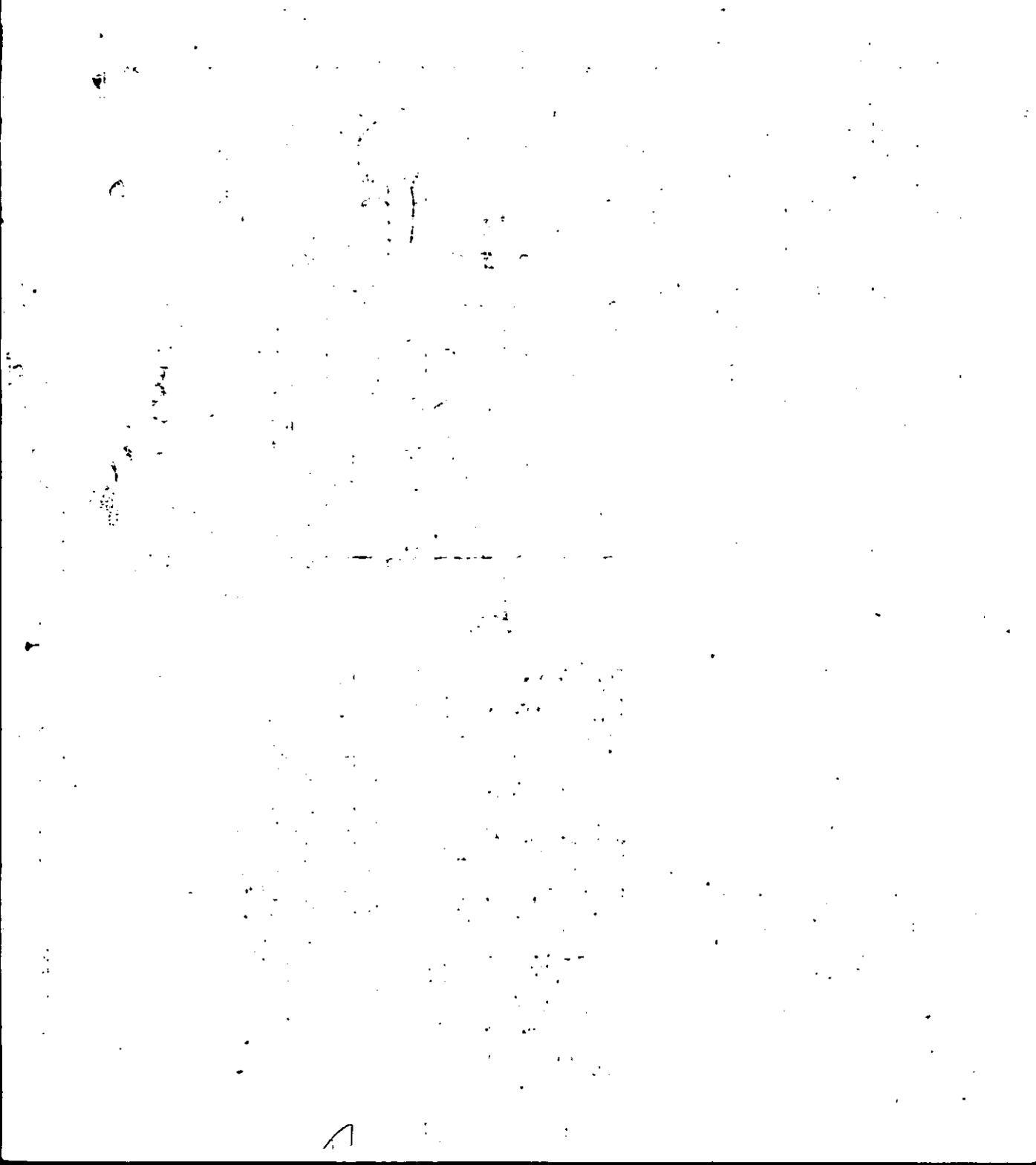
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5

1
1
1

Registered

Overland Co, Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis
Township.....
City..... (No.)

Registration District No. 285
Primary Registration District No. 6031

File No. 30625
Registered No. 186
St. Ward)

2. FULL NAME

(a) Residence, No. St. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (w) (*write the word*)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than day or month.
30 11 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)..... If Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 2/25 1931

Agnes C. Kelly Dept
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1934

I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

acc drowning
There was no boat involved in this accidental drowning
Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury.....
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) Deeke B. Peterson
(Address) Carver St Louis Mo

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

JAN 31 1935

FEB 16 1935

5-30625