

NOV 19 1934

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

Do not use this space.

37961

1. PLACE OF DEATH

County Registration District No. 79E
Township Primary Registration District No. 102
City St. Louis (No. St. Johns Hospital) St. Ward)

File No.
Registered No. 10449
St. Ward)

2. FULL NAME

(a) Residence, No. 1615 1/2 Grand Blvd. 17 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Instructor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bellevue School

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 4 1/2 yrs

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

13. NAME John W. Herdman

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

15. MAIDEN NAME Mary E. Waddell

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

17. INFORMANT (ADDRESS) Rella W. Herdman
Raytown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Raytown, Mo. DATE Oct 30, 1934

19. UNDERTAKER (ADDRESS) Albert H. Juppke Inc.
1129 N. Euclid

20. FILED 23 1934 J. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18th, 1934, to October 28, 1934.
I last saw her alive on October 28, 1934. Death is said to have occurred on the date stated above, at 8:40 P. m.

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

Chronic Interstitial Nephritis Date of onset 6 months
Chronic Myocarditis 6 months

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Lab. & 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? No
If so, specify C. N. Kelly per

(Signed) A. P. Munsch, M. D.
(Address) 306 Humboldt Bldg

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.

100-11-2-23

B. E. Buellett
Troy, N. Y.