

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.

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

Do not use this space.

AUG 9 1935

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1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St Louis (No. Deaconess Hospital) St. .... Ward) ..... (Ward) .....

File No. 6343

Registered No. .... St. .... Ward) .....

2. FULL NAME

(a) Residence, No. .... St. N.R. Ward Ellisville 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. 3 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) single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22-1935  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
0 0 3

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) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

13. NAME Herbert Herzolsheimer

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

15. MAIDEN NAME Wivian Ehlers

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

17. INFORMANT (ADDRESS) Herbert Herzolsheimer Ellisville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Seward Neb DATE 7-26-35

19. UNDERTAKER (ADDRESS) Schuler Bros Seward Mo

20. FILED JUL 26 1935 J. Bredich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-35

22. I HEREBY CERTIFY, That I attended deceased from July 22 1935 to July 25 1935. I last saw him alive on July 25 1935. Death is said to have occurred on the date stated above, at 1:49 m.

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

Atelectasis of lungs

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Other contributory causes of importance: Premature Birth

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 ..... 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 H. J. Niebuerg M.D. (Signed) ..... M. D.  
(Address) 3621 No 20th

NAME

EDWARD J. ...

INSTITUTION

STATE PRISON

ADDRESS

STATE PRISON

DEPARTMENT

STATE PRISON

OFFICE

STATE PRISON

STATE PRISON

STATE PRISON

EDWARD J. ...

STATE PRISON

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EDWARD J. ...

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