

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

SEP 16 1935

Do not use this space.

27694

791
1003

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City..... St. Louis Mo. (No. of St. Louis Childrens Hosp. St. Ward)

File No.
Registered No. 6738
St. Ward)

2. FULL NAME

James Hertz Jr
(a) Residence No. 914 Carver St., 23 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 Male
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) 6-26-35

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|--|
| | | 1 | 10 | |

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
child

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

MOTHER FATHER 13. NAME James Hertz Jr

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

MOTHER 15. MAIDEN NAME Nellie Gross

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

17. INFORMANT J Blum
(ADDRESS) 500 So Kings Highway

18. BURIAL, CREMATION, OR REMOVAL
PLACE AM Hays DATE Aug 9 1935

19. UNDERTAKER A W McLaughlin
(ADDRESS) 2301 Lafayette

20. FILED AUG 7 1935
J F Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6 1935

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw him..... alive on..... 19..... Death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance were as follows:

Peritonitis,
Pyonephrasis, left,
Appendicitis.

Other contributory causes of importance:
Name of operation Appendectomy 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) Harold Blum M.D.
(Address) 2301 Lafayette

