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.

1. PLACE OF DEATH SEP 16 1935

County ..... Registration District No. 791 File No. 28129

Township ..... Primary Registration District No. 1003 Registered No. 7215

City St Louis (No. City Hosp # St. ..... Ward)

2. FULL NAME Frank Herold

(a) Residence, No. 2534 (Usual place of abode) St., Howard Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. 20 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4, 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	5	20	

OCCUPATION

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

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) Germany

FATHER

13. NAME Frank Herold

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

MOTHER

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Hosp Inf Mt Kent City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE Aug. 27, 1935

19. UNDERTAKER (ADDRESS) Goodhart & Goodhart 2228 St Louis Ave

20. FILED AUG 26 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/19, 1935, to 8/24, 1935

I last saw him alive on 8/24, 1935. Death is said to have occurred on the date stated above, at 8 a.m.

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

Non-Hemolytic streptococcus meningitis

Non Epidemic

Date of onset

Other contributory causes of importance: 79a

Name of operation ..... 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) H L Joslyn, M. D.

(Address) City Hosp #