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.

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

Do not use this space.

37174

NOV 27 1935

1. PLACE OF DEATH
County Ste. Gen
Township Ste. Gen
City Ste. Genevieve (No. ..... , ..... St. ..... Ward)

Registration District No. 780
Primary Registration District No. 4466

File No. .....
Registered No. 54

2. FULL NAME Pauline Herman

(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1857

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 78 | 7 | 26 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Zell, Mo. Missouri

FATHER
13. NAME Wendell Naeger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Agnes Bahr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. August Karl Ste. Genevieve, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ste. Genevieve DATE Nov. 5, 1935

19. UNDERTAKER (ADDRESS) Leo C. Basler Ste. Genevieve, Missouri

20. FILED Nov 6, 1935 T. W. Douglas Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1935 to Nov. 6, 1935
I last saw her alive on Nov 5, 1935 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | |
| Other contributory causes of importance: | |
| Arteriosclerosis | 7 yrs |
| Decubitus Dorsalis | 2 wks |

Name of operation none Date of —
What test confirmed diagnosis? Signs & Symptoms 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? No
If so, specify
(Signed) C. J. Clapsoddle, M. D.
(Address) Ste Genevieve Mo.