

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

Do not use this space. *o*

16738

**MAY 27 1936**

**1. PLACE OF DEATH**

County *St. Louis*  
Township *Carthage*  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. *785*  
Primary Registration District No. *6031*

File No. \_\_\_\_\_  
Registered No. *47* \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. *New St. Herzig* St., \_\_\_\_\_ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *55* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Joseph Herzig Sr.</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 25 1858</i>				
7. AGE	YEARS <i>77</i>	MONTHS <i>10</i>	DAYS <i>26</i>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Own home</i>
	10. Date deceased last worked at this occupation (month and year) <i>Apr - 6 - 1936</i>	11. Total time (years) spent in this occupation <i>50</i>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Virginia*

MOTHER FATHER  
13. NAME *Joseph Achey*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Unknown*

15. MAIDEN NAME *Lucy Mudge*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Canada*

17. INFORMANT (ADDRESS)  
*Joseph Herzig Sr. Manchester, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE  
*M. C. Cemetery Manchester, Mo* DATE *Apr 18 1936*

19. UNDERTAKER (ADDRESS)  
*Shaded Funeral Home Richmond, Mo*

20. FILED *4-17-36* 19 *36* *Agnes C. Kelly* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr - 16 - 1936*

I HEREBY CERTIFY, That I attended deceased from *Jan 8 1936* to *April 16 1936*  
I last saw her alive on *April 16 1936*. Death is said to have occurred on the date stated above, at *6:30 A.M.*  
The principal cause of death and related causes of importance were as follows:

Date of onset *4-11-36*  
*Asoplexy*  
*Hypertension*  
Other contributory causes of importance:  
*Bronchitis Chronic*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *No*

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
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) *Agnes C. Kelly* M. D.  
(Address) *Manchester, Mo.*

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.

