JUL 27 1936

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

Do not use this space.

27920

File No.

Registered No. 217

1. PLACE OF DEATH

County St. Louis Registration District No. 789

Township Normandy Central Primary Registration District No. 6033

City ~~St. Louis~~ Normandy (No. 6825 Natural Bridge St. Ward)

2. FULL NAME Anna Herzig

(a) Residence, No. 3218 Pennsylvania Ave. St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Herzig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	60	7	23	

OCCUPATION

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. at home

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.

FATHER

13. NAME John Wirth

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

MOTHER

15. MAIDEN NAME Mary Meuri

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

17. INFORMANT Adolph Herzig
(ADDRESS) 3518 Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mathews DATE July 18, 1936

19. UNDERTAKER J. F. Ziegenhein & Son
(ADDRESS) 7017 Gravois

20. FILED 7-18-, 1936 H A Boehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/16/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from April 26th, 1936 to July 16, 1936
I last saw him alive on July 16th, 1936. Death is said to have occurred on the date stated above, at 2 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. arteriosclerosis, Chr. myocarditis, Chr. heart-block. Apoplexy, ceisures causing complete hemaplegia, entire left side, rendering pt. totally helpless and	

Other contributory causes of importance:
bed-fast, total and complete blindness from arteriosclerosis.
OVER

Name of operation Date of
What test confirmed diagnosis? cli. Was there an autopsy? no.

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) Luke Stumo, M. D.
(Address) 3718 Jennings Rd.

7/17/36

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.

Sec: Myocardial degeneration with heart-block, uremia, terminal hastened by heat prostration. Was in Home of Incurables Since April 27th 1936.