

NOV 4 1936

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

Do not use this space.

791
1008

39141

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 5359 Maffitt Ave.) St. Ward

File No.
Registered No. 10172

2. FULL NAME Anna Sophia Herzberg

(a) Residence, No. 5359 Maffitt Ave. St. 6 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Herzberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11th, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
37 6 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) St. Louis, Mo.

13. NAME Robert Seyfarth

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

15. MAIDEN NAME Catherine Schmidt

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

17. INFORMANT Mr. August Herzberg,
(ADDRESS) 5359 Maffitt Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Lebanon Cem DATE Oct. 9th 1936

19. UNDERTAKER Wichmann Naval
(ADDRESS) 1905 Union Blvd.

20. FILED OCT 8 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1933, 1933 to Oct 7th, 1936

I last saw her alive on Oct. 6th, 1936 Death is said to have occurred on the date stated above, at 9:15 A.M.

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

Chronic interstitial nephritis
131
Other contributory causes of importance: 1936
depression hemorrhage with right hemiplegia Oct 4th

Name of operation none Date of ✓
What test confirmed diagnosis clinical 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 ✓, 1936
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 no
(Signed) Cecil H. Baker M.D.
(Address) 3353 Nebraska Ave. St. Louis

Every year of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

33532 ~~chick~~