MAY 7 1937

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

Do not use this space.

14688

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4184

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

City St. Louis (No. Missouri Baptist Hospital / St. ..... Ward)

2. FULL NAME George Raymond Herweck

(a) Residence, No. 1916 Semple Ave. St., 6 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: Male
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 Hulda Herweck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25th, 1886

7. AGE: 62 — YEARS: 50 — MONTHS: 8 — DAYS: 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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 Raymond Herweck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknwon

17. INFORMANT (ADDRESS) Mrs. Hulda Herweck 1916 Semple Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Hill, Mo. DATE April 23, 1937

19. UNDERTAKER (ADDRESS) Drehmann Vanal 1905 Union Blvd.

20. FILED APR 22 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1937, to April 20th, 1937

I last saw him alive on April 20, 1937. Death is said to have occurred on the date stated above, at 6:15 P.M.

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

Perforated Ulcer of Sigmoid. — Date of onset 4/14/37?

Other contributory causes of importance:
(1) Peritonitis following Perforation of Ulcer.
(2) Acute appendicitis (not perforated)

Name of operation Appendectomy drainage. Date of 4/19/37.

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? no.

If so, specify —

(Signed) H. M. Loewenstein, M. D.

(Address) Wall Bldg. - St Louis, Mo.

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.

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