9

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18011

Township ..... Primary Registration District No. 1003 Registered No. 4587

City Saint Louis, Missouri (No. St. Anthony Hospital. / St. ..... Ward)

2. FULL NAME Stillborn of Edward W. Herget And Viola Herget.

(a) Residence, No. 2911a Minnesota Ave. St., 16 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2nd, 1937.

7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Saint Louis, Missouri.

FATHER
13. NAME Edward W. Herget
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri.

MOTHER
15. MAIDEN NAME Viola Hepp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Missouri.

17. INFORMANT (ADDRESS) Edward W. Herget. 2911a Minnesota Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Pauls Churchyard DATE May 4th. 1937

19. UNDERTAKER (ADDRESS) Ziegenhein Bros, 2623 Cherokee Street.

20. FILED MAY 4 - 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2nd, 1937.

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937, to May 2, 1937

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30A m.

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

Stillborn

Date of onset

Other contributory causes of importance: —

Name of operation ..... Date of .....

What test confirmed diagnosis? — 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?

If so, specify

(Signed) H A Schmieman, M. D.

(Address) 6811a Gravois Ave

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.

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