JUN 12 1937

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

Do not use this space.

File No. 18029
Registered No. 4605

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis, (No. 2400 McNair Ave. St. ..... Ward)

2. FULL NAME Louis Herbert

(a) Residence, No. 2400 McNair Ave. St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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)
Male	White	Married

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

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

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Assessors Office
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 Chas. Herbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Minnie Paul
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Mary Herbert 2400 McNair Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Missouri Crematory 5/6/37, 19

19. UNDERTAKER (ADDRESS) J. H. Gebhardt & Co 2630 Gravois Ave.

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1937, to May 4th, 1937
I last saw him alive on May 4, 19.... Death is said to have occurred on the date stated above, at 1:25 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart due to Cardiac Asthma — Date of onset May 3, 1937

Other contributory causes of importance: Cardiac Asthma — Date of onset April 12, 1937

Name of operation ..... 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 ....., 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) Paul R. Konzelman, M. D.
(Address) 3507 Potomac St

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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