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.

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

29284
Do not use this space.

1. PLACE OF DEATH SEP 10 1937

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 7917

(c) City St. Louis (d) Street No. 5329 Quincy St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Christine Herklotz

(a) Residence, No. 5329 Quincy St. St. 2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22nd. 1856.

7. AGE: 85 YEARS 81 MONTHS 7 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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.

FATHER
13. NAME Martin Birk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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

17. INFORMANT (ADDRESS) Emma N. Lang 5329 Quincy St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul Churchyard DATE Aug. 25- 1937

19. FUNERAL DIRECTOR (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED AUG 24 1937 J. S. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug; 23nd. 1937

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1937, to August 23, 1937
I last saw her alive on August 23, 1937 Death is said to have occurred on the date stated above, at 3.55 A.M.
The principal cause of death and related causes of importance were as follows:

Right Cerebral Hemorrhage Duration - 3 days. Date of onset

Other contributory causes of importance:

Chronic Interstitial Nephritis. duration - 12 years.

Name of operation None. Date of ---

What test confirmed diagnosis? physical and laboratory findings. 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) A. L. Hertel-G, M. D.
(Address) 3606 Grove

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Robert C Wheeler, Licensed Embalmer No. 2128

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Robert C Wheeler L. E. [illegible] MD

No. 2128 or by, Registered Apprentice No.

working under my personal supervision.

Signed Robert C Wheeler

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)