

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

**32390**

Do not use this space.

**1. PLACE OF DEATH** *OCT 4 1937*

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **5329 Quincy St.** 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** **Anna Wash**  
 (a) Residence, No. **5329 Quincy St.** St. **2** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** **Joseph F. Wash**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** **Sept. 9th, 1884**

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**62** 52 11 27

**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** **Conrad Herkoltz**  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Germany**

**MOTHER**  
**15. MAIDEN NAME** **Christine Birk**  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **St. Louis, Mo.**

**17. INFORMANT (ADDRESS)** **Eva Blackford**  
**5329 Quincy St.**

**18. BURIAL, CREMATION, OR REMOVAL PLACE** **Valhalla** **DATE** **Sept. 9th, 1937**

**19. FUNERAL DIRECTOR (ADDRESS)** **Wacker-Helder's**  
**2331 S Broadway**

**20** **SEP 8 1937** *J. Biebeck*  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **Sept. 6th, 1937**

**22. I HEREBY CERTIFY**, That I attended deceased from **August 31, 1937** to **Sept. 6, 1937**

I last saw her alive on **Sept. 6, 1937** Death is said to have occurred on the date stated above, **1.15 P.M.**  
 The principal cause of death and related causes of importance were as follows:

**Encephalitis.**  
 (duration - 7 days)  
*Non-epidemic.*

Date of onset

Other contributory causes of importance:  
**None.**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **Physical** Was there an autopsy? **no**

**23. If death was due to external causes (Homicide, Accident, suicide, or homicide?)** **and clinical findings** 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) *C. L. Hertel, M.D.*, M. D.  
 (Address) **3606 Gravois Ave.**

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.

10-899

