

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAD 21 1939

REC'D APR 7 1939
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MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township Coronadale Primary Registration District No. 20
 City North (No. Wood Hospital) St. _____ Ward _____

12379
 File No. _____
 Registered No. 519

2. FULL NAME

Max Herring
 (a) Residence, No. 3838 St. _____ Ward _____
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1877

7. AGE YEARS 60 MONTHS 13 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

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) Vienna, Austria (STATE OR COUNTRY)

13. NAME Edward Herring

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY)

17. INFORMANT Wood Hospital (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Crematory DATE Mar 22, 1939

19. UNDERTAKER Wacker Felderle (ADDRESS) 2331 E. Broadway

20. FILED MAR 21 1939 W. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 189, to 3-19-39, 1939. I last saw him alive on 3-19-39, 1939. Death is said to have occurred on the date stated above, at 11:05 A.M.

The principal cause of death and related causes of importance were as follows:
Pul. 7Be

Date of onset 1936

Other contributory causes of importance:
Asthesia-Intestinal 7Be 1937
Renal 7Be 1937

Name of operation _____ Date of _____
 What test confirmed diagnosis? System 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) W. H. Bay _____, M. D.
 (Address) Wood Hospital

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.

I X8314

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by

Robert Cowhelly

Registered Apprentice No.

working under my personal supervision.

Signed

Robert Cowhelly

Licensed Embalmer No.

2128

P. O. Address

St Louis mo

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

If this body is not embalmed, above space should be left blank.