

FILED FEB 27 1944

1003

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **612**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 408a Victor St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harry J. Herwig

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 44 years
 E. Herwig nee Howard

7. Birth date of deceased May 13, 1889
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Lather

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Herwig 9
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Logemann
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian E. Herwig

(b) Address 408a Victor St.

17. (a) Burial (b) Date thereof 1/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 20 1944 (b) J. F. Busch
(Date reported to local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th
 year 1944 hour 7:10 AM minute _____ M.

21. I hereby certify that I attended the deceased from 1/10, 1944, to 1/17, 1944
 that I last saw him alive on 1/17/44 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 yrs.

Due to Multiple Teeth abscess

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury no

23. Signature Charles W. Harris (M. D. or other) MD

Address 5346 Oriole Date signed 1-18-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

