

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

Do not use this space.

21043

JUL 12 1935

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1008**

Registered No. **4954**

City.....

(No. **St. Louis**)

St. Ward)

2. FULL NAME

(a) Residence, No. **4665 Kossuth Ave. St.**

(Usual place of abode)

Ward. **7**

(If nonresident, give city or town and State)

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 **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 **Frank Legion**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 10, 1865**

7. AGE YEARS **69** MONTHS **11** DAYS **25** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At Home**
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) (STATE OR COUNTRY) **Mo**

13. NAME **Perry Herrington**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

15. MAIDEN NAME **Martha Ennis**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France**

17. INFORMANT **Mr. Floyd Green**
(ADDRESS) **4665 Kossuth Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Catholics** DATE **June 7, 1935**

19. UNDERTAKER **Math. Hermann and Son**
(ADDRESS) **Black East Fair Ave.**

20. FILED **19** **J. H. Buckner**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 4, 1935**

22. I HEREBY CERTIFY, that I attended deceased from **Oct 19, 1933**, to **June 4, 1935**

I last saw him alive on **June 3, 1935** Death is said to have occurred on the date stated above, at **7:00 A. m.**

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset **?**

Other contributory causes of importance:
Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? **Laboratory** 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?.....

If so, specify.....

(Signed) **L. C. Herchenruder**, M. D.

(Address) **1205 Golden Bldg**

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

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.