

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1002
 City St. Louis (No. Mississippi River St. Ward)

File No. 24724
 Registered No. 6126

2. FULL NAME Joseph Herr

(a) Residence, No. Municipal Lodging House 75 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 68 yrs. 4 mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Marie Herr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4-1865

7. AGE. YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 4 88

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME George Herr

FATHER 14. BIRTHPLACE (CITY OR TOWN) Pennsylvania
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Marie Herr
 (ADDRESS) 823 A De Soto Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE July 14 1933

19. UNDERTAKER J. W. McLaughlin
 (ADDRESS) 1631 Mississippi Ave

20. FILED JUL 14 1933 J. F. Brebeck
 Registrar.

170 Physician in Attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12th, 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance were as follows:
Asphyxiation due to
Prostratus
Measles and Cerebral
 Date of onset 16th

Other contributory causes of importance:
110
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) W. H. Deery M.D.
 (Address) Deputy Coroner

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