

FEB 16 1938

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

Do not use this space.

4148

1. PLACE OF DEATH

96 County St. Louis Registration District No. 96 File No. 4148
Township Carondelet Primary Registration District No. 108 Registered No. 108
City Rock Drop (No.) St. Ward

2. FULL NAME

William Herbel 140

(a) Residence, No. 3130 N. 13th St. Ward (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 11 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 (OR) WIFE OF Ruth Herbel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-13-04

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 11 3

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Co.

10. Date deceased last worked at this occupation (month and year) Oct. 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. U.

13. NAME William Herbel U

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. U

15. MAIDEN NAME Harritt Fowler

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

17. INFORMANT 3130 N. 13th St. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Presque DATE Jan 20, 1938

19. UNDERTAKER Madison (ADDRESS)

20. FILED 1-14 THEODORE M. D. Registrar. Deputy State Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1937, to 1-16, 1938

I last saw him alive on 1-15, 1938. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis
Pulmonary Tuberculosis

Date of onset 1-5-38
Oct. 1935

Other contributory causes of importance: Tuberculosis of larynx
Tuberculosis of genital vesicle
prostate, epididymis & vas.

Name of operation Date of operation

What test confirmed diagnosis? Sputum. 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? no

If so, specify (Signed) Israel Jerome France M. D. (Address) Robert Koch Hospital Rock, Mo.

