

REC'D SEP 12 1938

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

27068  
Do not use this space.

## 1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City **St Louis** (d) Street No. **5404 Queens Ave** (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. **5404 Queens Ave** St. **7** (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **Pred C Claus**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 26 1876**

7. AGE YEARS **62** MONTHS **6** DAYS **13** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as 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) **Bucklin Mo** (STATE OR COUNTRY)

FATHER 13. NAME **Martin Herriman** Ohio  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Adelaide Warner**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Fred C Claus** (ADDRESS) **5404 Queens Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem Cem Aug**

19. FUNERAL DIRECTOR **Beiderwieden Funl Home Inc** (ADDRESS) **1936 St. Louis Ave**

20. FILED **AUG 16 1938** **J. P. Bullock** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 9, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 5th**, 1934, to **Aug 9**, 1938  
I last saw her alive on **Aug 8th**, 1938 Death is said to have occurred on the date stated above, at **7:05 A M**  
The principal cause of death and related causes of importance were as follows:

**Hypertensive Heart Disease** Date of onset **1934**

Other contributory causes of importance: **Multiple Sclerosis** 1936

Name of operation **None** Date of .....  
What test confirmed diagnosis? **Usual** Was there an autopsy? **No**

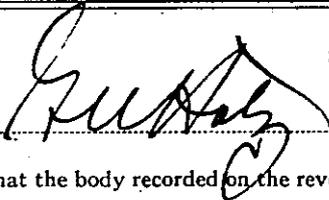
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify **None**  
(Signed) **Leon C. Gail**, M. D.  
(Address) **1504 So. Grand Blvd.**

STATEMENT BY LICENSED EMBALMER

I,



Licensed Embalmer No.

3737

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

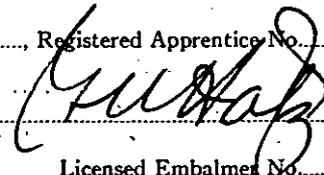
*me*

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No.

Signed



Licensed Embalmer No.

3737

**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.)**