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

Do not use this space.

40149

File No. 7

Registered No. 66

1. PLACE OF DEATH
County Montgomery
Township Walker
City California (No. ..... St. ..... Ward)

Registration District No. 571
Primary Registration District No. 4335

2. FULL NAME Fredrich Hert

(a) Residence. No. ..... St. ..... Ward. .....
(Usual place of abode) (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.

Dec 20 1930

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR ~~WIFE OF~~) Louisa Hert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	2	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Bern
(STATE OR COUNTRY) Switzerland

PARENTS

10. NAME OF FATHER Benedict Hert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER Anna Marie Hert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Switzerland

14. INFORMANT D. Hert.
(Address) California Mo

15. FILED Dec 20 1930 Fred W. Toth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec - 18 - 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
that I last saw for One Year alive on ..... 19..... and that death occurred, on the date stated above, at 1 PM p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asthma 9 Y
Arteriosclerosis 1 Y

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) NO

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) D M Gray, M. D
Dec 20 1930 (Address) California Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moreau Cemetery Eldon — DATE OF BURIAL Dec 20 1930

20. UNDERTAKER J W Wilson & Son — ADDRESS California Mo