

MAY 28 1937

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

Do not use this space.

1. PLACE OF DEATH

68 County *Monterey* Registration District No. *571*
Township *Wether* Primary Registration District No. *8769*
City (No.) St. Ward

File No. 17006
Registered No. 19

2. FULL NAME

Charles Edward Herrleben
(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lois Kending</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 11, 1857</i>		
7. AGE YEARS <i>78</i>	MONTHS <i>5</i>	DAYS <i>7</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>retired farmer</i>		If LESS than 1 day,hra. ormin.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Monterey Co., Missouri

13. NAME
Fredrick Herrleben

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

15. MAIDEN NAME
Caroline Mosen

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

17. INFORMANT (ADDRESS)
Wm E. Polzbach California, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Monterey Cemetery DATE
5-19-37

19. UNDERTAKER (ADDRESS)
Wm E. Polzbach California, Mo.

20. FILED *4-19-37* *H. R. Pappejoy Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
April 18, 1937

22. I HEREBY CERTIFY That I attended deceased from
April 10, 1937, to April 18, 1937
I last saw him alive on *April 18, 1937* Death is said to have occurred on the date stated above, at *8 P. m.*

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

Uremia

Date of onset

Other contributory causes of importance:

Enlarged Prostate.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) *H. R. Pappejoy* Registrar.
(Address) *California, Mo.*

WRITE PLAINLY WITH INK. WITH DEGRADING IMPRESSIONS. PHYSICIANS should state N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

