

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W. Evans

REC'D JUN 24 1938

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

19398  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Francois Registration District No. 775  
 (b) Township Marion Primary Registration District No. 6022  
 (c) City R.F.D. Bonne Terre (d) Street No. \_\_\_\_\_ St.  
 (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 Zeno Edward Herlagou 1.47.  
 (a) Residence, No. R.F.D. 1 Bonne Terre Mo St.  (If nonresident, give city or town and State)

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 Margaret Ann Herlagou

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>76</u>	<u>1</u>	<u>13</u>	

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

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) (STATE OR COUNTRY) St. Francois Co. Missouri

FATHER  
 13. NAME James C. Herlagou  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Missouri

MOTHER  
 15. MAIDEN NAME Mary Palmer  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown County Missouri

17. INFORMANT (ADDRESS) Monroe Herlagou R. 1 Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maven Chapel DATE May 15, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Benham Undert Co Bonne Terre Mo

20. FILED May 14, 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec - 36 to May 13, 1938  
 I last saw him alive on May 12, 1938 Death is said to have occurred on the date stated above, at 10:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis  
with  
Renal  
Failure

Date of onset

Other contributory causes of importance: 121

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. Evans M. D.  
 (Address) Bonne Terre Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*P. L. Bertram*

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*P. L. Bertram*

Licensed Embalmer No. *3376*

P. O. Address *Bonne Terre, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH  
 (a) County St. Francois Registration District No. 775-  
 (b) Township Marion Primary Registration District No. 6022 Registered No. ....  
 (c) City ..... (d) Street No. .... St. ....  
 (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 Zena Eduard Kerlagow  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>in</u> (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>76</u>	MONTHS <u>1</u>	DAYS <u>3</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	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) (STATE OR COUNTRY)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE DATE				
19. FUNERAL DIRECTOR (ADDRESS)				
20. FILED <u>May 14 1938</u> <u>N.W. Hawkins</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>May 13 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from	
I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at..... m.	
The principal cause of death and related causes of importance were as follows:	
Date of onset	
Other contributory causes of importance:	
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) <u>A. L. Upus</u>	..... M. D.
(Address) <u>Bonne Terre</u>	

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

