

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

Do not use this space.

14858

File No. \_\_\_\_\_  
Registered No. 4274  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. 1003  
City St. Louis (In Josephine Hospital)

**2. FULL NAME** Julie Haring

(a) Residence. No. 3310 Ohio St., 24 Ward.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 1 mos.  da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Victor Haring</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 26 - 1871</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>10</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis MO  
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Blech

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

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis MO  
(STATE OR COUNTRY)

14. INFORMANT Victor Haring  
(Address) 3310 Ohio St.

15. FILED APR 29 1930 Miss C. H. Harkley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28, 1930

17. I HEREBY CERTIFY That I attended deceased from Jan 4, 1929, to April 28, 1930 that I last saw her alive on April 27, 1930 and that death occurred, on the date stated above, 10:40 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Diabetes Mellitus  
59  
15 to 20 (duration) 1 yrs. 3 mos. 24 da.

CONTRIBUTORY Diabetic gangrene Rt leg (SECONDARY)  
Amputation Rt leg (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 15 da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

2 DID AN OPERATION PRECEDE DEATH? yes DATE OF April 26, 1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chinial Exam  
(Signed) J. P. Kim, M. D.

\*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 Old St. Marcus DATE OF BURIAL 4/30 1930

20. UNDERTAKER Weidenmuller Bros. 05 Grand ADDRESS

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.

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