

STATE OF MINNESOTA

Division of Vital Statistics

26082

1 PLACE OF DEATH

County RAMSEY

No. 23639

Township

or Village

Reg. District No. _____ No. in Registration Book _____
(Above numbers to be filled in only by local registrar or his deputy)

City ST. PAUL

No. ANCKER HOSPITAL

St., 5th Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Simon Herz

(2a) Residence, No. _____ St., _____ Ward. _____

Length of residence in city or town where death occurred 5 yrs. mos. _____

3 SEX

male white widowed

4 Color or Race _____

5a If married, widowed or divorced _____

HUSBAND of Janice Herz
(or) WIFE of _____

6 DATE OF BIRTH

(month, day, and year) May 30, 1866

7 AGE

Years 72 Months 6 Days 19 hrs _____ min _____

8 TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS ENGINEER (TYPE OF) MINER, SAWYER, BOOKKEEPER, ETC.

Clerk

9 INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS RAILWAY, MINE (KIND OF) SAW MILL, BANK, ETC.

State Highway

10 DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year)

Dec. 1938 11 Total time (years) spent in this occupation 23

13 BIRTHPLACE (city or town) (State or country)

Russia

14 BIRTHPLACE (city or town) (State or country)

Russia

15 MAIDEN NAME (city or town) (State or country)

Freda Zimer

16 BIRTHPLACE (city or town) (State or country)

Russia

17 INFORMANT (Address)

Melvin Herz Date 12/20/1938

18 PLACE OF BURIAL (Address)

1945-Portland

19 UNDERTAKER (Address)

Adam Fungoel Home

20 FILED (Date)

12-20-1938 107971

CERTIFICATE OF DEATH

21 DATE OF DEATH (month, day, and year) Dec. 19, 1938

22 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1938 to Dec. 19, 1938

I last saw him alive on Dec. 19, 1938; death is said to have occurred on the date stated above, at 9:30 M.

The PRIMARY UNDERLYING CAUSE OF DEATH WAS Compensated hypertensive left thalamic hemorrhage with fracture left tibia & fibula

Contributory causes of importance in order of onset: Fracture left radius & ulna

(1) Possible fractured skull with

(2) Intra-cranial hemorrhage

(3) _____

Did an operation precede death? _____ Was there an autopsy? No

If so, state condition for which it was undertaken _____

Date of operation _____

23 If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury 12/19, 1938

Where did injury occur? At home - Lexington, Mass

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Hit by auto

Nature of injury See cause of death

24 Was disease or injury in any way related to occupation of deceased? _____

If so, specify Dr. R. L. Duggleton, Boston

(Address) Dr. R. L. Duggleton, Boston

(Address) Dr. R. L. Duggleton, Boston

by Arthur D. Depuey

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked.
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. See instructions on back of certificate.