

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

Do not use this space.

14966

File No. 3877
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. 702
Township _____ Primary Registration District No. 1003
City St. Louis Mo. (No. 3118) Stimberly St. _____ Ward)

2. FULL NAME Maggie M. Hermann

(a) Residence. No. 3118 Stimberly St. 10 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 Female 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 Fred. R. Hermann
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28 - 1864
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 10 9

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) Ills.
(STATE OR COUNTRY)

10. NAME OF FATHER Louis Stoenstein
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Fred. R. Hermann
(Address) 3118 Stimberly Pl.

15. FILED APR - 9 1928 Max C. Starbuck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1928
17. I HEREBY CERTIFY, That I attended deceased from March 21, 1928, to April 7, 1928, that I last saw him alive on April 6, 1928, and that death occurred, on the date stated above, at 4:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Chronic Myocarditis
Arterio Sclerosis
(duration) yrs. mos. ds. 1
(SECONDARY) (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED 905
IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) G. S. Kueger, M. D.
4/7, 1928 (Address) 3442 Geraldine An

*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 Freidens. DATE OF BURIAL April 10 1928

20. UNDERTAKER Hy Leidner Und Co ADDRESS 1417 N. Market St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

