JAN 8 1929

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

Do not use this space.

38140

File No.

Registered No. 234

1. PLACE OF DEATH

County St Louis

Township ~~Benton~~

City Richmond Heights (No. 1814 Barnes Hospital St. Ward)

Registration District No. 1170

Primary Registration District No. 6248H

2. FULL NAME Samuel O Herman

(a) Residence. No. 4843 San Francisco Ward. St Louis Mo.
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susie Herman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-10-1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	7	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Prod. Divisor Sudi Co 1174

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) N. Carolina

PARENTS

10. NAME OF FATHER Noah Herman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER — Green

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Susie Herman

(Address) 4843 San Francisco

15. FILED 11/9, 1928. C L Jensen REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 19 28, 1928, to Nov 7, 1928 that I last saw h. alive on Nov 7, 1928, and that death occurred, on the date stated above, at 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric ulcer.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Peritonitis

(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Louis A Heuter, M.D.

11-7, 1928 (Address) St Mary's Hospital

*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 Valhalla Cem. DATE OF BURIAL Nov. 10 1928

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

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.

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

Mrs. Jensen
1511 Bellingham