

JUN 24 1930

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

Do not use this space.

15218

1. PLACE OF DEATH

County Andrew  
Township Enoch  
City Enoch

Registration District No. 8  
Primary Registration District No. 3011

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Fredrick J. Hermann

(a) Residence. No. .... St. .... 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 male 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Hermann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 5 12

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(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) Switzerland

10. NAME OF FATHER Nicholas Hermann

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

12. MAIDEN NAME OF MOTHER Rosa Stuehman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

14. INFORMANT Ida Hermann  
(Address) Lawrence St

15. FILED 5-27 1930 J. W. Holcomb  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1930

17. I HEREBY CERTIFY That I attended deceased from May 21 1930 to May 24 1930 that I last saw him alive on May 21 1930 and that death occurred, on the date stated above, at 3: P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy  
82A  
102-7401 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension (duration) .... yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Walter C. Meyer, M. D.  
, 19 (Address) Lawrence St

\*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 Amazonia DATE OF BURIAL 5-27 1930

20. UNDERTAKER E. C. Breit Lawrence St

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.

STATE DEPARTMENT—CHARGING INVESTIGATION IS A PERMANENT RECORD

JUL 8 1959