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.

MAY 28 1932

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

Do not use this space.

13787

1. PLACE OF DEATH

96 County St Louis — Registration District No. 786 — File No.

6 Township Antrate — Primary Registration District No. 4469 — Registered No. 27

8 City Maplewood (No. 7519, Rannells Ave St. ..... Ward)

2. FULL NAME John C. Herman

(a) Residence, No. 7519 Rannells Ave St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Late Melissa Herman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1848

7. AGE: YEARS 84 — MONTHS 2 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1919
11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 210

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Annie Ferguson 7519 Rannells Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion Cem DATE May 2, 1932

19. UNDERTAKER (ADDRESS) Drehmann Hanal 1905 Union Blvd

20. FILED 5/1, 1932 Mercedes Schuster
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1932 to April 29, 1932

I last saw him alive on April 29, 1932. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appoplexy	4-27-32
82A	
77	
82A	

Other contributory causes of importance:

Arterio Sclerosis (1)	1927

Name of operation None — Date of

What test confirmed diagnosis? — Was there an autopsy? None

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

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. O. Breckenridge, M. D.

(Address) Maplewood Mo

Hi. 0546
Home 2647 Roselind Terrace
Hi 2428

11-12 a.m
2-3 30 P.m
7-3 00 P.m

7269 Lynydale
Mr. Schuster