

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

Do not use this space.

14894

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 100
 City St. Louis (No. City Hospital)

File No.
 Registered No. 4316
 St. Ward)

2. FULL NAME. Frank Hermann
 (a) Residence, No. 414 Market St. Ward 25
 (Usual place of abode)
 Length of residence in city or town where death occurred 27 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** single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7 - 1870
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 2 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
10. Date deceased last worked at this occupation (month and year). **11. Total time (years) spent in this occupation.**

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Chicago Illinois 2

13. NAME Unknown 310

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Hospital information
City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE May 3 1932

19. UNDERTAKER (ADDRESS) John Ziegenhagen
70278

20. FILED AY - 2 1932 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 28th 1932 to April 29th 1932
 I last saw him alive on April 29, 1932 Death is said to have occurred on the date stated above, at 12.5 A.P. M
 The principal cause of death and related causes of importance were as follows:

Ch. nephritis. Date of onset 131
930 131
 Other contributory causes of importance: Ch. myocardite

Name of operation autopsy Date of 7/10
 What test confirmed diagnosis? autopsy (Was there an autopsy?) Yes

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 of injury in any way related to occupation of deceased?
 If so, specify Ch. myocardite
 (Signed) Ch. Hermann M. D.
 (Address) City Hospital

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.

Herman.