

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

Do not use this space.

27480

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St Louis Mo (No. 4515) Aldine

File No. _____
Registered No. 7287
St. _____ Ward _____

2. FULL NAME

Anna Hermann
(a) Residence, No. 4515⁹ Aldine ave, 6 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8 - 1889</u>		
7. AGE	YEARS	MONTHS
<u>43</u>	<u>1</u>	<u>28</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>St Louis mo</u>		
FATHER	13. NAME <u>Frank Hermann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Minnie Kerner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Frank Robert</u> (ADDRESS) <u>3435 Delah</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wm H Marcus</u> DATE <u>Aug 8</u> 19 <u>32</u>		
19. UNDERTAKER <u>Thos J Duggan</u> (ADDRESS) <u>4600 Wall Bridge</u>		
20. FILED <u>MOG - 8 1932</u> <u>May C Porter</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 - 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1932, to Aug 6, 1932.
I last saw her alive on Aug 6, 1932. Death is said to have occurred on the date stated above, at 8:15 P.M.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis, aortic valve
96
96
Other contributory causes of importance:
Arteriosclerosis

Name of operation none Date of _____
What test confirmed diagnosis? Cholesterol 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 or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Chas A. Paul, M. D.
(Address) 6133 Eastern

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.

