

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

Do not use this space.

11817

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 5012
City St. Louis (No. City Hospital)

File No.
Registered No. 2900
St. Ward)

#21913
2. FULL NAME Henry C. Hermes
(a) Residence, No. 2149 1/2 Stansbury St. Ward. 24
(Usual place of abode)
Length of residence in city or town where death occurred life 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** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Hermes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17th 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
51 0 9

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. Clerk (retired)
10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**
1906

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER
13. NAME Clemens Hermes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannover
15. MAIDEN NAME Mary Vornhiltz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Wacker Helderle
2331 1/2 Stansbury
St. Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter Paul DATE Mar 29 1933

19. UNDERTAKER (ADDRESS) Wacker Helderle
2331 1/2 Stansbury
St. Louis

20. FILED Mar 28 1933
W. C. Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26th 1933
22. I HEREBY CERTIFY That I attended deceased from Feb. 23rd 1933 to Mar. 26th 1933
I last saw him alive on Mar. 26th 1933 Death is said to have occurred on the date stated above, at 9:05 P.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

Primary extravasation and gangrene of anterior abdominal wall, penis, scrotum and perineum from rupture of ureters due to old structures of gonococcus infection.
Other contributory causes of importance:
chronic pyelonephritis
broncho pneumonia
suprapubic abscess
Name of operation multiple ureterostomies Date of 3-25-33
What test confirmed diagnosis? Was there an autopsy? no

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) W. M. Mearns 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.

Hermes