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.

APR 25 1934

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

Do not use this space.

10557

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis. (No. 831 (near) S Vandeventer St. ..... Ward)

File No. 2372

Registered No. .....

2. FULL NAME Adam Herrmann

(a) Residence, No. 831 So Vandeventer St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Herrmann.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1865.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	7	14	

OCCUPATION

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. odd jobs.

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) Belleville, Ills.

FATHER

13. NAME Adam Herrmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER

15. MAIDEN NAME Adeline Helbrey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Records of Bureau Homeless Men. Walter H. Berg 1415 Pine St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE Mar. 8, 1934.

19. UNDERTAKER (ADDRESS) J. H. Gibken L & U Co. 2842 Meramec St.

20. FILED ..... 19 ..... J. A. Biedeck Registrar. 3/7/34

MEDICAL CERTIFICATE OF DEATH

Phophysician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4/ - , 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:00 P.M.

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

Chronic Myocarditis exposure

93C

1948

93C

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

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) Harold [illegible] M.D.

(Address) [illegible]