

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

Do not use this space.

44694

JAN 14 1935

**1. PLACE OF DEATH**

County..... Registration District No. **721**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. Barnes Hospital) File No. 11810  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Linda Hermann  
 (a) Residence, No. 25 Siomara Rd. St. N.R. Ward. Clayton, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Henry W. Hermann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
64 11 17 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) St. Louis, Mo.

13. NAME Kruse G. Hofmann

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

15. MAIDEN NAME Chara Steinwunder

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

17. INFORMANT (ADDRESS) S. R. Loy Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATED Dec 15-34

19. UNDERTAKER (ADDRESS) Wacker, Welderle 2331 S Broadway

20. FILED 11 1934 19 \_\_\_\_\_  
J. F. Bredeckt  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1934, to Dec. 13, 1934.

I last saw her alive on Dec 13, 1934. Death is said to have occurred on the date stated above, at 7:35 m.

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

Carcinoma of breast  
Carcinoma of brain (metastatic)  
 Date of onset 1932  
1934

Other contributory causes of importance:  
Bronchopneumonia  
Dec 34

Name of operation Breast amputation Date of 1932

What test confirmed diagnosis? Pathologist 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? No

If so, specify \_\_\_\_\_ (Signed) Foy S. Comey M. D.

(Address) Barnes Hospital St. Louis, Mo.

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.

