

JUN 12 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH **791**

Do not use this space.

17845

1. PLACE OF DEATH

County ..... Registration District No. **1003**  
Township ..... Primary Registration District No. ....  
City **St. Louis** (No. **2919** - **Ohio**)

File No. ....  
Registered No. **4160**  
St. .... Ward)

2. FULL NAME

**John R. Hermann**  
(a) Residence, No. **2919 - Ohio** St., **24** Ward. (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 11 1918**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**16 11 25**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **laborer at home**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Music Plating Co.**  
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 **John Hermann**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rumania**

15. MAIDEN NAME **Barbara Larner**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rumania**

17. INFORMANT **Barbara Hermann** (ADDRESS) **2919 Ohio av.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Church** DATE **5-9-35**

19. UNDERTAKER **With Bro. G. & P. Co.** (ADDRESS) **2929 Jefferson Ave.**

20. FILED **MAY - 8 1935** **J. H. Reddeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 6 1935**

22. I HEREBY CERTIFY, That I attended deceased from **March 7 1935** to **May 6 1935**

I last saw him alive on **May 6 1935** Death is said to have occurred on the date stated above, at **2 1/2** m.

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

**Cardiac Hypertrophy acute** Date of onset **May 5-35**  
**92**

Other contributory causes of importance:

**Ch. Myocarditis**  
**Ch. Endocarditis Mitral**  
**Artic. Roughening** **1934**

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

What test confirmed diagnosis **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **none** Date of injury ..... 19.....

Where did injury occur? **none** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... **none**

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **yes**

If so, specify **Isaacs Rubek**, M. D.

(Signed) **Isaacs Rubek**, M. D. (Address) **2767 Morris Ave.**

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.

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