

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.

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

Do not use this space.

AUG 9 1935

24883

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *City*)

File No.

Registered No. **6318**

2. FULL NAME

Benjamin Hermes

(a) Residence, No. *3311* *Indiana* St. Ward. *24*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *5* yrs. *5* mos. *0* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 23, 1935*

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

22. I HEREBY CERTIFY That I attended deceased from *7/23* 19*35*, to *July 23, 1935*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 20 - 1864*

I last saw him alive on *July 23, 1935* Death is said to have occurred on the date stated above, at *7:30* am.

7. AGE YEARS *68 6/4* MONTHS *1* DAYS *3 2/4* If LESS than 1 day, hrs. or min.

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

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

Degenerative Heart Disease

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *prop. retail shop*

Coronary Heart Failure

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

Other contributory causes of importance: *930*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Wm. J. S. Hayes* (ADDRESS) *City*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New St. Marcelline* DATE *July 26, 1935*

19. UNDERTAKER *Wacker-Heldler* (ADDRESS) *2331 Broadway*

20. FILED *JUL 25 1935* *J. Bredeck* Registrar.

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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. J. S. Hayes*, M. D.

(Address) *City*

