

MAY 7 1936

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

Do not use this space.

17298

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **1805, Coleman**) St. .... Ward.....

File No.....  
Registered No. **4062**  
St. .... Ward.....

2. FULL NAME Wilhelmina Hermanns

(a) Residence, No. 1805 Coleman St. 11 Ward.....  
(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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 24, 1865**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
**71 1 17**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At Home**

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

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

13. NAME **John Hermanns**

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

15. MAIDEN NAME **Louisa Bierkel**

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

17. INFORMANT **John Hermanns**  
(ADDRESS) **1805 Coleman Avenue.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **SS. Peter & Paul** DATE **April 15, 1936**

19. UNDERTAKER **Weick Bros.**  
(ADDRESS) **2201 So. Grand Blvd.**

20. FILED **APR 14 1936** **J. F. Bredeck**  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 12, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 9<sup>th</sup> 1935** to **Apr 12<sup>th</sup> 1936**

I last saw her alive on **Apr 2<sup>nd</sup> 1936** Death is said

to have occurred on the date stated above, at **8:00 a.m.**

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

**Carcinoma of Stomach** **Dec 1935**  
Date of onset

Other contributory causes of importance: **None**

Name of operation **no.** Date of.....  
What test confirmed diagnosis? **Clinical findings** 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) **Thomas Clayton**, M. D.

(Address) **2743 N. Grand**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

W. W. Lawson  
27437 Grand  
Inv. 6730  
10-12 2-230

JAN 10 1956