

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123 File No. 17633
 Township Carondelet Primary Registration District No. 6248 E Registered No. 171
 City W. Mt. St. Rose Hosp No. W. Mt. St. Rose Hosp St. _____ Ward _____

2. FULL NAME

Walter George Hermann
 (a) Residence, No. Columbia Del St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE St 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 7 19

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.

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) Jellman

13. NAME Peter Hermann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill -

15. MAIDEN NAME Frances Roman

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

17. INFORMANT (ADDRESS) Dr. J. - Dora Hermann
Columbia Del.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Del. DATE April 24, 1937

19. UNDERTAKER (ADDRESS) Schmidler
Columbia Del.

20. FILED April 21, 1937 S. Mooney Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1937 to April 21, 1937
 I last saw him alive on April 20, 1937 Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Pulmonary tuberculosis Date of onset 1935

Other contributory causes of importance: Tuberculosis meningitis Sept. 1936

Name of operation None Date of _____

What test confirmed diagnosis? Stain Was there an autopsy? Yes

23. If death was due to external cause (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) Dr. J. Mooney, M. D.

(Address) 910 S. Perry

This statement of OCCUPATION is very important. It must be properly classified.

