

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

32562
 Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **5759a McPherson Ave.** St. **5**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John Henry Quermann**

(a) Residence, No. **5759a McPherson Ave.** St. **5**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna Quermann**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 14th. 1858**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 28
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Cigar maker**
 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.**

FATHER
 13. NAME **Wm. Quermann**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER
 15. MAIDEN NAME **Johanna Wessels**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs. Anna Quermann**
 (ADDRESS) **5759a McPherson Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Johns Cem.** DATE **Sept. 15-37**
Henry Leidner Und. Co.

19. FUNERAL DIRECTOR (ADDRESS) **1417 N. Market St.**

20. FILED **SEP 14 1937** 19 **St. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 12-37**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 21**, 19**37**, to **Sept 12**, 19**37**.
 I last saw him alive on **Sept 12**, 19**37**. Death is said to have occurred on the date stated above, at **8:00 p.m.**
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset **10 yrs**

Other contributory causes of importance:
Chronic Myocarditis **6 mos**
Bronchial Asthma **24 hrs**

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? **no**
 If so, specify
 (Signed) **Clarence H. Allen** M. D.,
 (Address) **5328 Page Blvd St. Louis** **no**

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.

31-3447

250 28

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 1674

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John P. Buchholz
Licensed Embalmer No. 1674

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)