

REC'D MAR 13 1939

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

4825
Do not use this space.
1518

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St Louis, Mo. (d) Street No. Homer G. Phillips Hospital St.
(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

655 James Harman
(a) Residence, No. 4507 Enright, Ave St. 12 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Herman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 th 1890.
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 11 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laboer,
9. Industry or business in which work was done, as saw mill, bank, etc. Apt, Janitor,
10. Date deceased last worked at this occupation (month and year) 2/11/39. 11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Souix City, Iowa,

13. NAME Calvin Herman,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Souix City, Iowa.

15. MAIDEN NAME Anna Stephens,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Souix City, Iowa.

17. INFORMANT Helen Herman, Widow. (ADDRESS) 4507 Enright,

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk, DATE 2/17/39.

19. FUNERAL DIRECTOR Houston's Fuh Home, (ADDRESS) 2812, Thomas, St,

20. FILED FEB 16 1939 Jo. F. Brudeck Local Registrar

No Medical Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 11: A.M.

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

*Coronary Occlusion
Patent sclerosis*

Other contributory causes of importance:
94%

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Jo. F. Brudeck
(Address) Deputy

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.

