

JUN 15 1940 791  
Registration District No. 791

Primary Registration District No. 1003

State File No. 4743  
Registrar's No. 4743

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

8. (a) PRINT FULL NAME Harold Ernest Herman 655

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 30, 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Herman  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Dora Dobransky  
15. Birthplace Earlville Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Herman

(b) Address 1525 1/2 Chouteau

17. (a) Burial (b) Date thereof 5/31/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. B. Berger

(b) Address 4415 McPherson

19. (a) MAY 31 1940 (b) J. B. Buchheit  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1525 1/2 Chouteau  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30  
year 1940 hour 1 minute ✓ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Branches pneumonia

Due to \_\_\_\_\_

Due to Heart failure

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1070

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 6

23. Signature Joseph M. Sullivan (M. D. or other) \_\_\_\_\_

Address Deputy Registrar Date signed \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

*no embalming*  
H. I. BERGER

Registered Apprentice No.

working under my personal supervision.

Signed

*H. I. Berger*  
Licensed Embalmer No. 1597

P. O. Address

4715 McPherson

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.)

If this body is not embalmed, above space should be left blank.