

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1787  
Registrar No. 16

Registration District No. 85  
Primary Registration District No. 1001

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: Mo. Meth. Hospital  
(d) Length of stay: In hospital or institution 1 day  
In this community 33 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 613 S. 11th.  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME HAYMAN HERMAN  
(b) If veteran, name war none  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 6th.  
year 1941 hour 10 minute 20 P. M.

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Lena Herman  
(c) Age of husband or wife if alive years Unknown

21. I hereby certify that I attended the deceased from 1-5-41  
1941, to 1-6-41, 1941.  
that I last saw him alive on 1-6-41, 1941,  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Unknown  
8. AGE: Years 75 Months ? Days ? If less than one day hr. min.

Immediate cause of death: Diabetic Coma  
Hypostatic pneumonia  
Due to: Myocardial infarction (toxic)  
Due to: Atherosclerosis  
Other conditions: 61  
Major findings: Of operations: Of autopsy:

9. Birthplace: Unknown Lithuonia  
10. Usual occupation: Retired  
11. Industry or business: Baker  
12. Name: Harry Herman  
13. Birthplace: Unknown Russia  
14. Maiden name: Unknown  
15. Birthplace: Unknown Unknown

16. (a) Informant: Louis Herman  
(b) Address: 613 S. 11th. St. Joseph, Mo.  
17. (a) Burial (b) Date thereof: 1-7-41  
(c) Place: burial or cremation: Shaare Sholem  
18. (a) Signature of funeral director: FLEEMAN & SON, INC.  
(b) Address: St. Joseph, Mo.  
19. (a) 1/8/41 (b) H. J. Testelbusch

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

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature: Dr. J. J. Goyenthal (M. D. or other)  
Address: 107 S. 11th St. Date signed: 1-7-41

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

*Body not embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**