

No. 2  
-13-40  
-17-39  
I X23159

Registration District No. 791  
Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hrs.  
(Specify whether  
In this community 80 years  
years, months or days)

3. (a) PRINT FULL NAME Edward A. Hermann  
(b) If veteran, name war none  
(c) Social Security No. none

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Florence B. Hermann  
6. (c) Age of husband or wife if alive 75 yrs.  
7. Birth date of deceased Dec. 28 1856  
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 14  
If less than one day  
hr. min.

9. Birthplace Hermannsburg Ark.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Civil Engineer

11. Industry or business  
12. Name Charles F. Hermann  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Carolina Wilhelm  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles F. Hermann  
(b) Address 4382 Westminister Pl.

17. (a) Cremation (b) Date thereof 6/14/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Wagoner Und. Co  
(b) Address 3621 Olive St.

19. (a) JUN 13 1941  
(Date received local registrar)  
(b) J. W. Brodek  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County MOO  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4601 Maryland Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1941 hour 11:30 minute P. M.  
21. I hereby certify that I attended the deceased from June 12  
1941 to June 12 1941  
that I last saw him alive on June 12  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 12 hrs  
Due to Arterio sclerosis

Due to Arterio sclerosis caused by hypertrophy of prostate  
Other conditions g 3a g 2a  
(Exclude pregnancy within 3 months of death)

Major findings: Of operations g 3a g 2a  
Of autopsy g 3a g 2a  
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? (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 3  
23. Signature Chas. Abel (M. D. certifier)  
Address 4952 Maryland Date signed 6-13-41

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

1940

Dr Oliver A. Beck Jr.

---

---

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.

Signed Neville D. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

**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.**