No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36133

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2135

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Admitted 7/15/41. (Specify whether years, months or days)
In this community: Unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 601
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 4576 Emerson Avenue. (If rural, give location) 9
(e) Citizen of foreign country? - (Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME: Irving R. Herrmann
3. (b) If veteran, name war: World
3. (c) Social Security No.: Yes - not remembered
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Lillian
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: April (Month) 5 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
47	6	14	hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business:
FATHER
12. Name: Emil Herrmann
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Pauline Oteshy
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Alice Schwoop
(b) Address: Actg. Cl. Clerk, VAF, Jeff. Bk., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery
18. (a) Signature of funeral director: Math. Hermann & Son
(b) Address: 2161 East Fair Avenue
19. (a) OCT 21 1941 (Date received local registrar) (b) C. H. McGavron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th, year 1941 hour 2:30 A.M. minute M.
21. I hereby certify that I attended the deceased from July 15, 1941 to October 19th, 1941 that I last saw him alive on October 19th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Subacute bacterial endocarditis,	
mitral valve damage and severe	About
Due to secondary anemia.	3 mo.
Due to -	
Other conditions none. (Include pregnancy within 3 months of death)	

Major findings: Of operations: -
Of autopsy: Autopsy not granted.

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): no
(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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: L. M. COCHRAN, M.D., (M. D. or other)
Address: Chief Medical Officer Date signed 10/19/41

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 [illegible]

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 Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo

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

If this body is not embalmed, fact should be so stated above.