

5. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

377 ⁴¹/₆₃ ⁶⁸/₆₈
State File No. 73
Registrar's No.

FILED FEB 24 1942
Registration District No. 797

Primary Registration District No. 1003

1. PLACE OF DEATH:
(c) County St. Louis
(d) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5083 Delmar 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5083 Delmar, 11
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lee Hermann
(b) If veteran, name war _____ (c) Social Security No. 68 497-01-81

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 2
year 1942 hour 8:00 minute _____ M.
21. I hereby certify that I attended the deceased from December 21, 1941 to 1/1/42, 1942;
that I last saw her alive on 1/1/42, 1942,
and that death occurred on the date and hour stated above.

4. Sex female 5. Color of race White 6. (a) Single, widowed, married, divorced, single
(b) Name of husband or wife nil 6. (c) Age of husband or wife if alive nil years (Day) _____ (Year) _____
7. Birth date of deceased July 24 1878
(Month) (Day) (Year)
8. AGE: Years 63 Months 5 Days 8 If less than one day hr. _____ min. _____

Immediate cause of death:
Coronary Occlusion
Chr. Myocardial degeneration
Duration 4 yrs.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
9. Birthplace Alton Ill
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Manufacturing Staples
12. Name Joseph Hermann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Stutz
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Lottie Hermann
(b) Address 908 Logan St Alton Ill
17. (a) Cremation (b) Date thereof 1-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Wm Miller
(b) Address 5041 Delmar St
19. (a) JAN 5 1942 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature J. William Porthel (M. D. or other) M. D.
Address 5101 Delmar Bl. Date signed 1/3/42

(Licensed Embalmer's Statement on Reverse Side)

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

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 *John Fetter*
Licensed Embalmer No. *3880*

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.