

FILED MAR 24 1942

Registration District No. **791**

Primary Registration District No. **1003**

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:
Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)
2 Days
(d) Length of stay: In hospital or institution. **2 Days** (Specify whether
In this community **38 Years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Elmer Henry Herrmann**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **492-03-9482**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Katherine** 6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **June 20 1903**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	38	8	16	hr. min.

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

10. Usual occupation **Clerk**

11. Industry or business **Reliance Eng. Co.**

12. Name **Henry Herrmann**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Unknown Glendale, Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Katherine Herrmann**
(b) Address **3537 Humphery**

17. (a) **Burial** (b) Date thereof **3/7/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Hackley-Schaefer & Sons Co.**
(b) Address **3634 Gravois Ave.**

19. (a) **MAR 6 1942** (b) **J. F. Bruders**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **600**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **16 17**
(d) Street No. **3537 Humphery St.** (If rural, give location) **9**
(e) Citizen of foreign country? _____ (Yes or No) **11 -**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5** th
year **1942** hour **3:40** minute **A.** M.

21. I hereby certify that I attended the deceased from **Dec 31 1941** to **March 5 1942**
that I last saw him alive on **March 5 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Dissected Middle Cerebral Artery Hemorrhage**
Acute Nephritis
Due to _____
Duration **1 Week**
1 day
3 days

Due to **1st 2nd 3rd**
Other conditions **1st 2nd 3rd**
(Include pregnancy within 3 months of death)

Major findings: **Edema of Brain - Cerebral Hemorrhage - Acutely infected ear - Acute Nephritis**
Of operations _____
Of autopsy **ear - Acute Nephritis**

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 _____
Signature **J. F. Bruders** (M.D. or other)
Address **5417 So Grand Blvd** Date signed **3/11/42**

Dec 31

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..... *Frank J. DeWane*

Licensed Embalmer No. *2648*

P. O. Address..... *St. Louis*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. }
County of St. Louis } ss.

State File No. 4451
Local Registrar's No. 2087

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of August, 1944, before me appears

Katherine Herrmann, who, upon her oath, states that the original record of ~~her~~ death for Elmer Henry Herrmann, ^{died} ~~born~~ March 5th, 1942, in the State of Missouri, and which was filed at St. Louis, Mo. on 3-6-, 1942 should be corrected as follows:

Item No. 14 should read Gertrude Hines

Instead of Unknown

Item No. 15 should read Cincinnati, Ohio Glendale

Instead of Unknown

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Katherine K. Herrmann ^{Mother-in-law}
Relationship.

3537 Humphrey St, Mo.
Present Address.

Subscribed and sworn to before me this 15 day of August, 1944

My Commission expires My Commission Expires March 4, 1945 Paul Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

