

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8699
State File No. 2558
Registrar's No.

FILED APR 8 1942
Registration District No. 791

Primary Registration District No. 1003

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

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:
JEWISH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 0 (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME GEORGE B. HERRMANN
3. (b) If veteran, name war..... N.O.
3. (c) Social Security No. 492-05-1464

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife..... HELEN
6. (c) Age of husband or wife if alive..... 34 years
7. Birth date of deceased..... Oct 9 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 5 10 hr. min.

9. Birthplace..... ST LOUIS MO
(City, town, or county) (State or foreign country)
10. Usual occupation..... MACHINE OPERATOR

11. Industry or business..... COROGATED Box Co.
12. Name..... MAX HERRMANN
13. Birthplace..... GER. 4
(City, town, or county) (State or foreign country)
14. Maiden name..... ALVINA POHLMAN
15. Birthplace..... UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant..... Helen Herrmann
(b) Address..... 6137 VIRGINIA, AV

17. (a) BURIAL (b) Date thereof MAR 23 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... ST. TRINITY CEM. 9.

18. (a) Signature of funeral director..... J. B. Smeltzer
(b) Address..... 7128 W. VIRGINIA, AV

19. (a) MAR 21 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... MO (b) County..... 1
(c) City or town..... ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No..... 6137 VIRGINIA, AV.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... MAR day..... 19
year..... 1942 hour..... 7 15 minute..... P. M.

21. I hereby certify that I attended the deceased from..... Sept 23
1941, to..... Mar 19 1942
that I last saw him alive on..... Mar 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Lympho-sarcoma
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death) 55

PHYSICIAN
Major findings:
Of operations.....
Of autopsy..... Lymph node enlargement
Hepatomegaly - Splenomegaly

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..... 0
23. Signature..... W. J. Sale (M. D. or other)
Address..... Esco Clinic Date signed..... 3/21/42

(Licensed Embalmer's Statement on Reverse Side)

Sale.

13000000 Dept. 11-
Bonne Hybrid

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..... *Harry J Schumacher*

Licensed Embalmer No. *2679*

P. O. Address..... *732 Remington*

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.