

BUREAU OF THE CENSUS  
FILED APR 22 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 5996<sup>a</sup>

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town Farmersburg Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles  
(c) City or town Farmersburg Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM GEORGE HERMAN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced g  
6. (b) Name of husband or wife Catherine Herman 6. (c) Age of husband or wife if alive 32 years  
7. Birth date of deceased May 17 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Farmersburg Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Rudolph Herman

13. Birthplace Dortmunder 4 Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Dortmunder 4 Germany

15. Birthplace Dortmunder 4 Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant William Herman Jr.

(b) Address Bureau

17. (a) Bureau (b) Date thereof March 21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmersburg

18. (a) Signature of funeral director Ed. Shaw

(b) Address Wrightsville

19. (a) Mar 20 42 (b) Wm. C. Lay  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1942 hour 7:15 minute 15 P. M.

21. I hereby certify that I attended the deceased from Coroner's Viewing of 19\_\_\_\_;  
that I last saw him alive on Body of 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of  
of heart.

Due to Gen. Arteriosclerosis.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations no 95C  
Of autopsy no

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) natural cause

(b) Date of occurrence Mar 17 1942

(c) Where did injury occur? no injury  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Farm near Farmersburg

While at work? Yes (Specify type of place) (e) Means of injury no injury

23. Signature Dr. Erich Schubert (M. D. or other)

Address St. Charles Mo Date signed 3/19/42

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

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C  
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**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.....

*J. E. Peterson*

Licensed Embalmer No. *2711*

P. O. Address.....

*Wentzville, Mo*

**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.**