

BUREAU OF VITAL STATISTICS
FILED SEP 21 1942

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL ROCK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)
In this community 6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. NEAR IMPERIAL (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME FRED J. HERRMANN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. MO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife IRMA 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased JULY 10 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 25 If less than one day hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation FLORIST

11. Industry or business 1

MOTHER FATHER
{ 12. Name JACOB HERRMANN
18. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
{ 14. Maiden name LEWIS
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant IRMA HERRMANN

(b) Address KIMMSWICK MO

17. (a) CREMATION (b) Date thereof AUG 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director HEINIGTAG FUNERAL HOME

(b) Address KIMMSWICK MO

19. (a) 8/4/42 (b) [Signature]
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Verdict of Jury
Inquest 9am - 8/3/42

Due to By heart Trouble
Due to OR-ANGINA Pectora

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 8/3/42
(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 3

23. Signature [Signature] (M. D. or other) acting coroner
Address Kimmswick Mo Date signed 8/4/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 21 1942

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

Elmer Heiligtag

Licensed Embalmer No.

3571

P. O. Address

Kimmswick, MD

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, above space should be left blank.