S. No. 2
M—5-42
r. 5-17-39
▶I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -5 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39353 10873

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits write "RURAL")
(d) Street No. 7052 Wise Av.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Herman M. Sohrmann
3. (b) If veteran, name war no.
3. (c) Social Security No. 492-01-1878
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elva Sohrmann
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Aug. 3. 1879 (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Dresden (City, town, or county) Germany (State or foreign country)
10. Usual occupation Architect
11. Industry or business
MOTHER FATHER
12. Name Herman Sohrmann
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Elva Sohrmann
(b) Address 7052 Wise Av.
17. (a) Crematory (Burial, cremation, or removal) (b) Date thereof 12-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director Watt Bros. & McG
(b) Address 2939 S. Jefferson Av.
19. (a) DEC 28 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1942 hour 11 minute 15 p. m.
21. I hereby certify that I attended the deceased from June 1939 to Dec. 26. 1942 that I last saw him alive on Dec. 26. 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia due to nephritis, chronic	6 days
Due to hemorrhage of brain	1939
Due to Glomerulitis & hypertrophy of kidneys	1942-1940
	1941
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work Means of injury
23. Signature Chas. H. Weinberg (M. D. or other) M.D.
Address 3232 Lafayette Date signed 1-11-1943

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W. Dietele

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jefferson

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.