

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

FILED AUG 23 1943

Registration District No. 212

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **Saint Louis, Missouri.**  
(c) Name of hospital or institution:  
**4108 Rosa Ave. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri.** (b) County.....  
(c) City or town..... **Saint Louis,**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **4108 Rosa Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Agnes Herminghaus,**

3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed.**

6. (b) Name of husband or wife **Herman Herminghaus** 6. (c) Age of husband or wife if alive, years **7th, 1851.**

7. Birth date of deceased **June 7th, 1851.**  
(Month) (Day) (Year)

8. AGE: 92 Years 2 Months 6 Days If less than one day  
hr. min.

9. Birthplace **Unknown Germany 4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House-Work**

11. Industry or business.....

MOTHER FATHER }  
12. Name **Unknown**  
13. Birthplace **Unknown Germany 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown Germany 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Fredrick Herminghaus**  
(b) Address **2240 St. Clair Brentwood Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 16-1943.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Ziegenhain Bros.**  
(b) Address **6409 Gravois Ave.**

19. (a) **AUG 16 1943** **J. J. Busch**  
(Date) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **13th,**  
year **1943.** hour **9** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **July 14**  
**1943** to **Aug 9 1943**  
that I last saw him alive on **July 30, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis** Duration **3 yrs**

Due to.....

Due to.....

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?

While at work? (Specify place of place) (e) Means of injury.....

23. Signature **L. C. J. Old** (M. D. or other)  
Address **5679 Cahoon** Date signed **8/16-43**

SEP 3 1943

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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 W. E. Mays

Licensed Embalmer No. 3360

P. O. Address.....

**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.**