

FILED FEB 28 1944

Registration District No.

Primary Registration District No. 3064

Registrar's No.

448

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
208 Adams 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 208 Adams Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Julia Hermann

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 4 1854.
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 15 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Houskeeping

11. Industry or business _____

12. Name Carl Hermann
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Luitgardis Hari
15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Theo. Wille
(b) Address Ferguson, Missouri

17. (a) Burial (b) Date thereof 2/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director L. M. White
(b) Address Ferguson, Missouri.

19. (a) FEB 22 1944 (b) E. J. McCarren, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1944 hour 4 minute 05 P.M.

21. I hereby certify that I attended the deceased from 2-15-44 to 2-19-44
that I last saw him alive on 2-19-44
and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy (Cerebral) Apoplexy (Stroke)
Due to Arteriosclerosis
Due to _____
Other conditions: none
(Include pregnancy within 3 months of death)

Duration 2-15-44
1936

Major findings: none
Of operations none
Of autopsy none

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) L
(b) Date of occurrence 2/22/44
(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 _____

23. Signature Ray Johnson (M. D. or other) _____
Address Ferguson, Mo. Date signed 2/24/44

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 R. M. Shute

Licensed Embalmer No. 2973

P. O. Address Bergman, 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.