

FILED OCT 23 1944

State File No. \_\_\_\_\_

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

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

1003

Registrar's No. 8738

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town ST LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
HOSP CLEVELAND  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State ILL (b) County MONROE  
(c) City or town WATERLOO  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 321 EAST 4ST  
(If rural, give location) N.R.  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IDR. LOUISE HERMANN

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased DEC 11 1876  
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 1 If less than one day hr. min.

9. Birthplace WATERLOO ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

MOTHER FATHER  
12. Name HENRY BOEKE  
13. Birthplace 4 GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name LOUISE BEIPER  
15. Birthplace 4 GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Boeke  
(b) Address 3442 Wisconsin

17. (a) WATERLOO (b) Date thereof OCT 19 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WATERLOO, ILL

18. (a) Signature of funeral director H. Gumbert  
(b) Address Waterloo Illinois

19. (a) OCT 14 1944 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12<sup>th</sup> year 1944 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Oct 5, 1944 to Oct 12, 1944 that I last saw her alive on Oct 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronemia of Pericardium  
histocytosis  
Due to Hb  
Due to Coronemia of coronary

Duration

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 type of place) (e) Means of Injury 0

23. Signature H. Gumbert (M. D. or other) \_\_\_\_\_ Address 203 Missouri Hwy Date signed Oct 14 1944

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

0  
7  
9

OCT 10 1947

8828  
8828

AMERICAN...  
ORIGIN...  
SIGNATURE

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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Ben N. Baldwin

Licensed Embalmer No. 2420

P. O. Address St. Louis, 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.