

FILED MAR 9 1945  
Registration District No. 379

Primary Registration District No. 6079

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town RURAL ST. CHARLES CO. T.S.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(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

3. (a) PRINT FULL NAME ROSE HERMAN

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

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

6. (b) Name of husband or wife WILLIAM S. HERMAN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JAN 8 1871  
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Weingarten Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business \_\_\_\_\_

12. Name Phillip Walk

13. Birthplace BADEN GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name KATHERINE SIEBERT

15. Birthplace ZELL MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Edmond Herman  
(b) Address St. Genevieve Mo. RR#1

17. (a) BURIAL (b) Date thereof 2-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director Geo. E. Bach  
(b) Address St. Genevieve Mo

19. (a) 2-12-45 (b) T. W. Douglas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve

(c) City or town RURAL 95-  
(If outside city or town limits, write "RURAL") 0

(d) Street No. St. John Top 0  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 11  
year 1945 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Dec. 22 1944 to Feb. 11 1945  
that I last saw HER alive on Feb. 7 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2/11/45

Due to General arteriosclerosis and Coronary Sclerosis ?

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 type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. L. Lanning (M. D. or other) \_\_\_\_\_  
Address St. Genevieve Mo Date signed 2/13/45

850

RECEIVED

District Health Officer No. 4  
District File Number 345-356  
Date Filed 3-8-45

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

*Lea C. Baer*

Licensed Embalmer No. 1985

P. O. Address

*St. Genevieve Ave*

**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.**