

FILED MAY 12 1945
378

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4038

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: Jewish Hospital
(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 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3834 Minnesota Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louise Hermann

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

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

6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased Aug. 11 1890
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

12. Name Louis Zeigler

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

14. Maiden name Barbara Miller

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

16. (a) Informant Lucille Lassa
(b) Address 3834 Minnesota Ave.

17. (a) Burial (b) Date thereof May 8, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Heldner
(b) Address 3634 Gravois Ave.

19. (a) MAY 7 1945 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1945 hour 4 minut 20 A. M.

21. I hereby certify that I attended the deceased from April 30, 1945
to May 5, 1945
that I last saw h. alive on May 4, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia

Due to Carcinoma of Uterus with invasion of pelvis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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) (c) Means of injury _____
23. Signature B. U. Glasberg M. D. or other _____
Address 3720 Washington av Date signed 5/5/45

PHYSICIAN
Dr. H. H. ...
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

2006

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 Robert Wheeler
Licensed Embalmer No. 2128
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.