. S. No. 2
0M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35389

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10441

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5946 Wabada 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 Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5946 Wabada Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edmund A. Herman.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, divorced Married

6. (b) Name of husband or wife Mary Herman

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Aug. 6, 1870.
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 24 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name ? Herman
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Catherine Hallett
(b) Address 5946 Wabada Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3/45.
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1135 Hodiamont Ave.,

19. (a) DEC 2 1945 (Date received local registrar) (b) J. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1945 hour 5.30 minute P.M. M.

21. I hereby certify that I attended the deceased from Sept 16 1944 to Nov 30 1945
that I last saw him alive on Nov 30 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart - Blood vessel Salvatio Heart Dis	16 mos
Due to —	
Due to —	
Other conditions (Includes 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 Milton E. Strauss (M. D. or other)
Address 539 N. Grand Date signed 12/1/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Arthur E. Strauss,
Humboldt Bldg.,
JE. 6525.
1.30 = 2. P.M.

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125n Hodiamont 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.