S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38499

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2765

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community See above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Monroe 999

(c) City or town Waterloo 00
(If outside city or town limits, write "RURAL")

(d) Street No. ---- 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HERMANN, Clyde R.

3. (b) If veteran, name war World II

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Louella Hermann

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased July (Month) 6 (Day) 1908 (Year)

8. AGE: Years 37 Months 5 Days 0 If less than one day hr. min.

9. Birthplace Waterloo (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Printer

11. Industry or business --

FATHER
12. Name George Hermann 1
13. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Harriett E. Rainer
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.,
(b) Address Jefferson Barracks, Missouri.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Waterloo, Ill.

18. (a) Signature of funeral director Aug M Wagner
(b) Address Waterloo, Ill.

19. (a) 12-8-45 (Date received local registrar) (b) E. G. McGarrand M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1945 hour 7:25 minute P. M.

21. I hereby certify that I attended the deceased from November 17, 1945 to December 6, 1945
that I last saw him alive on December 6, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death RHEUMATIC HEART DISEASE WITH CARDIAC ENLARGEMENT AND MITRAL VALVE DAMAGE & MYOCARDIAL INSUFFICIENCY. — Duration: Unknown

Due to -- 95 b

Other conditions --
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No 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) No.
(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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature E. V. EDWARDS, Lt. Col., (M. D. or other) M.C.,
Clinical Director.
Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 12/7/45

(Licensed Embalmer's Statement on Reverse Side)

JUN 3 1947

NOV 15 1946

SEP 30 1947

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 H Baldwin

Licensed Embalmer No. 2420

P. O. Address El St Louis Ills.

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.