

FILED 318 21 1946
Registration District No.

Primary Registration District No.

Registrar's No.

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME T. James Herrmann

3. (b) If veteran, No name war _____
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Lydia
6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 26 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 15
If less than one day _____ hr. _____ min.

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

10. Usual occupation Minister

11. Industry or business _____

12. Name John Herrmann

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

14. Maiden name Anna Schwartz

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

16. (a) Informant Lydia Herrmann

(b) Address 3516 Giles Ave.

17. (a) Burial (b) Date thereof 1/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Mackey - Jeldner

(b) Address 3634 Gravois Ave.

19. (a) JAN 12 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1617
(If outside city or town limits, write "RURAL")
(d) Street No. 3516 Giles Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 10
1946 year. 10 day. 25 p. 9 M. minute

21. I hereby certify that I attended the deceased from 1/3/46
_____ 19 _____ to 1/10/46 19 46
that I last saw him alive on 1/10/46 _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Brain Tumor - Unqualified

Due to _____
571 A

Due to _____

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

Major findings: Of operation Pressure and Encephalomalacia
Of autopsy Grossly - Tumor of Brain

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) (Means of injury)

23. Signature Edmund J. Smalik, MD (M. D. or other)
Smalik Address _____ Date signed 1/11/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

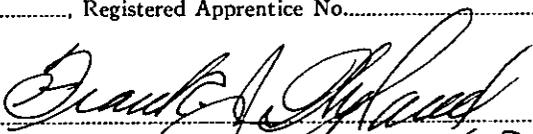
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2598

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..... 

Licensed Embalmer No. 2675

P. O. Address St. Louis

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.