

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14806

State File No.

3610

FILED APR 24 1946
318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
2635 Armand Pl /
(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 (Specify whether _____)

3. (a) PRINT FULL NAME Vernon C. Herrmann

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-07-6251

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

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

7. Birth date of deceased July 16 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

25 9 3 hr. min.

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

10. Usual occupation Stock Clerk

MOTHER FATHER

11. Industry or business _____

12. Name Philip H. Herrmann

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

14. Maiden name Frances C. Vogt

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

16. (a) Informant Frances C. Herrmann

(b) Address 2635 Armand Pl.

17. (a) Burial (b) Date thereof 4/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul Cem.

18. (a) Signature of funeral director John H. Bisher, Sons and Co.

(b) Address 2630 Gravois Ave.

19. (a) APR 19 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
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 2635 Armand Pl.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1946 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Apr 18
1946 to Apr 18 1946
that I last saw him alive on Apr 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia 2 days

Due to Multiple sclerosis 6 yrs

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? _____

23. Signature J. F. Michael (M. D. or other) J. F. N
Address 506 Olive Date signed 4/19/46

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

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 Herman A. Gebken
Licensed Embalmer No. 2120
P. O. Address 2630 Graves 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.