

FILED JUN 24 1946

Registration District No. 317

Primary Registration District No. 6076

State File No.

Registrar's No. 1321

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
(If not in hospital or institution, write street number or location)
Since 4-27-46
(d) Length of stay: In hospital or institution 30 Years
(Specify whether
In this community 30 Years
years, months or days)

3. (a) PRINT FULL NAME HERRMANN, Edward A.

3. (b) If veteran, name war World I
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen E. Herrmann
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased: December 11 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 7
If less than one day hr. min.

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

10. Usual occupation Cabinet Maker

11. Industry or business

MOTHER FATHER {
12. Name George Herrmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Lina Speckman
15. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)
16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri
Burial (c) Date thereof 6-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address St. Louis, Missouri
19. (a) 6-20-46 (b) E. B. McSweeney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5605 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1946 hour 8:10 minute A M.

21. I hereby certify that I attended the deceased from 4-27-46 19... to 6-18-46 19...
that I last saw him alive on June 18 19...
and that death occurred on the date and hour stated above.

Immediate cause of death CANCER NECK, TYPE UN DETERMINED

Duration

UNK

Due to 55-e

Due to

Other conditions THROMBOSIS RIGHT CAROTID ARTERY & HEMIPLEGIA
(Include emergency within 1 month of death)

16 HRS.

Major findings:
Of operations Biopsy 6-3-46

PHYSICIAN

Of autopsy No Autopsy

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?

While at work? L. E. Stilwell (Specify type of place) Means of injury 0

Signature L. E. STILWELL, M.D. (M. D. or other)
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 6-18-46

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

FEB 24 1947

MAR 10 1946

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 J. W. B. Binkley

Licensed Embalmer No. 3653

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.