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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENTRAL REGISTRY

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED** JUL 22 1946  
318

**STANDARD CERTIFICATE OF DEATH**

25346  
State File No. \_\_\_\_\_  
Registrar's No. **6050**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

**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:  
**5409 Grace 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

**3. (a) PRINT FULL NAME** **August Hoermann**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **492-07-5586a**

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife **Sophia**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Dec. 4, 1873**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>72</b>	<b>7</b>	<b>3</b>	hr. _____ min. _____

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

10. Usual occupation **Blacksmith**

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name **Dittrich Hoermann**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Kunke**

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

16. (a) Informant **Sophia Hoermann**

(b) Address **5904 Grace**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **July 10, 1946**  
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cem.**

18. (a) Signature of funeral director **Schumacher and Co.**

(b) Address **3013 Meramec St.**

19. (a) **JUL 9 1946** (Date received local registrar)

**J. F. Bredeck** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **avo**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5409 Grace Ave.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **7**  
year **1946** hour **5:45** minute \_\_\_\_\_ P. **M.**

21. I hereby certify that I attended the deceased from **June 6, 1946** to **July 6, 1946**

that I last saw him alive on **July 6, 1946**

and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio Vasculer Renal disease**

Due to **Diabetes**

**Chronic nephritis & atherosclerosis**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **W**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **Jos. G. Grant M.D.** (M. D. or other) **O**

Address **5521 St. Bernard** Date signed **7/8/46**

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 Francis Williamson

Licensed Embalmer No. 3565

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.**