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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

35577

State File No.

FILED OCT 28 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8968

1. PLACE OF DEATH:
(a) County
(b) City or town St.Louis,Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St.Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St.Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2624 Missouri Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bernard Schermann
3. (b) If veteran, name war
3. (c) Social Security No. 486-20-7022
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 October (Month) 9 (Day) 1922 (Year)
8. AGE: Years 24 Months 0 Days 8 If less than one day hr. min.
9. Birthplace St.Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Mechanical Draftsman
11. Industry or business
FATHER 12. Name Henry Schermann
13. Birthplace Germany (State or foreign country)
MOTHER 14. Maiden name Anna Kramer
15. Birthplace Germany (State or foreign country)
16. (a) Informant Henry Schermann
(b) Address 2624 Missouri Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation New St.Peter&Paul Cemetery
18. (a) Signature of funeral director John H. Geblein Sons and Co.
(b) Address 2630 Gravois Ave.
19. (a) OCT 20 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th year 1946 hour 5:55 minute P M.
21. I hereby certify that I attended the deceased from 10/4/46, 19, to Oct. 17th, 19 46 that I last saw him alive on Oct. 17th, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Infarction — Duration 3 weeks
Chronic Endocarditis — 3 years
Due to Rheumatic Heart Disease — 8 years
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy As above plus bronchopneumonia

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature 1515 Lafayette (M. D.) 10/18/46
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**