

Registration District No. **51**

Primary Registration District No. **6076**

Registrar's No. **3273**

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)
(d) Length of stay: In hospital or institution **Since 10-14-46**
(Specify whether
In this community **44 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis** **96**
(c) City or town **St. Louis** **Ladue** **12**
(If outside city or town limits, write "RURAL")
(d) Street No. **9243 Clayton Rd.** **1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **HERMANN, Harry E.**
3. (b) If veteran, **World I** **3. (c) Social Security** **Unk.**
name war. No.
4. Sex **Male** **5. Color or** **White** **6. (a) Single, widowed, married,**
race **White** divorced **Married**
6. (b) Name of husband or wife **Margaret Hermann** **6. (c) Age of husband or wife if**
alive **53** years
7. Birth date of deceased **Sept. 13, 1886**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	3	2	2 hr. 25 min.

9. Birthplace **Mt. Vernon, Ill.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Asst. Dist. Mgr. Insurance Co.**

11. Industry or business
12. Name **Unknown**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Vet. Adm. Hosp.**
(b) Address **Jefferson Barracks, Missouri**
17. (a) Burial **(b) Date thereof** **Dec. 18 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Watson-Bocklage,**
(b) Address **St. Louis, Missouri**
19. (a) 12-19-46 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **16,**
year **1946** hour **2:25** minute **A** M.
21. I hereby certify that I attended the deceased from
October 14, 19 **46** to **December 16,** 19 **46.**
that I last saw h **im** alive on **December 16,** 19 **46.**
and that death occurred on the date and hour stated above.

Immediate cause of death
CARCINOMA, RIGHT LUNG
Due to **47d**
Due to

Other conditions **NONE**
(Include pregnancy within 3 months of death)

Major findings: **No Operation**
Of operations
Of autopsy **No Autopsy**

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? (Specify type of place)
(e) Means of injury **9**
23. Signature **L. E. Stille** (M. D. or other)
Address **Vet. Adm. Hosp. Jeff. Bks., Mo.** Date signed **12-16-46**

Duration **UNK.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Ernest W. Spillars*

Licensed Embalmer No. *14080*

P. O. Address.....

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.