

No. 2  
-12-45  
-17-39  
K47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 7 1947**

UNITED STATES BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **3239**  
Registrar's No. **222**

Registration District No. **317** Primary Registrar's District No. **3063**

**1. PLACE OF DEATH:**  
(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: D.O.A.  
(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** Edgar R. Herrmann  
**3. (b) If veteran, name war** No **3. (c) Social Security No.** 488-10-7117

**4. Sex** M **5. Color or race** W **6. (a) Single, widowed, married, divorced** S O  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** Sept 27 1888  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
54 4 2 hr. min.

**9. Birthplace** St. Louis, Mo.  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Shipping Clerk

**11. Industry or business** Tieman Hardware Co.

**12. Name** Charles A. Herrmann  
**13. Birthplace** Germany  
(City, town, or county) (State or foreign country)

**14. Maiden name** Louisa W. Flore  
**15. Birthplace** St. Louis, Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Katherine Herrmann  
**(b) Address** 8452-Lackland Rd - Overland

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 2-1-47  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** Oak Grove Cemetery

**18. (a) Signature of funeral director** William Brodie  
**(b) Address** 2504-Woodson Rd - Overland, Mo.

**19. (a) 2-1-47** (Date received local registrar) **(b) Ruth J. Allen** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8452-Lackland Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Jan. day 29  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death head concussion & probable hemorrhage when struck by an automobile-pedestrian. Duration \_\_\_\_\_

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

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

**Major findings:** \_\_\_\_\_  
Of operations \_\_\_\_\_  
**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) Accident  
(b) Date of occurrence 1-29-47

(c) Where did injury occur? St. Louis County, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public road. Blunt impact

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
**23. Signature** Arnold J. Willman (M.D. or other) Cornel 3  
Address Clayton, Mo. Date signed 1/30/47

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

MOTHER FATHER

96  
13  
1  
1

170-2-6  
21

96

**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 *Gustave R. Bannan*

Licensed Embalmer No. *2315*

P. O. Address *Overland, 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.**