7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 5 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18931
Registrar's No. 5241

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: 2712a Potomac St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 007 17
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 4 0
(d) Street No.: 2712a Potomac St. (If rural, give location) 24
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Margaret Hermann
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
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: December (Month) 3 (Day) 1871 (Year)
8. AGE: Years 75 Months 5 Days 22 If less than one day hr. min.
9. Birthplace: Butler (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business
MOTHER FATHER
12. Name: Andrew Hermann
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Margaret Baumunk
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Tillie Fasulo
(b) Address: 3421 Iowa Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Pauls Churchyard
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) MAY 26 1947 (Date received local registrar) (b) J. F. Breacock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1947 hour 4 minute 15 A. M.
21. I hereby certify that I attended the deceased from 1-10- 1947 to 5/25 1947 that I last saw him alive on 5/24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia & Coma	1 wk
Due to: Hypertensive vascular disease	3 yrs
Due to: Nephritis Chronic	1 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 121
Of autopsy

PHYSICIAN — Underline the cause of 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: V. E. Michael (M. D. or other) M.D.
Address: 812 Olive Date signed: 5/26/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)
V.E.Michael

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis.

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.