

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 26 1947  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25657  
Registrar's No. 6790

Registration District No. \_\_\_\_\_ Primary Registration District No. 100-100

1. PLACE OF DEATH:  
(a) County MISSOURI  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
LUTHERAN HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 DAYS  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME OLIVER HORMANN  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 496-18-2796

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ANNA 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased AUGUST 4 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 11 14 hr. min.

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation SERVICE MAN  
ELECTRIC CO

11. Industry or business \_\_\_\_\_  
12. Name Louis Hormann  
13. Birthplace Missouri  
(City, town or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace IL  
(City, town, or county) (State or foreign country)

16. (a) Informant ANNA HORMANN  
(b) Address 1819 GEYER

17. (a) BURIAL (b) Date thereof JULY 21, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation S. S. PETER & PAUL CHURCH

18. (a) Signature of funeral director Thomas Kule & Son  
(b) Address 2906 GRAYBIS

19. (a) III 10 1947 (b) J. T. Bredebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1819 GEYER  
23 (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 18  
year 1947 hour 10 minute 15 A.M.  
21. I hereby certify that I attended the deceased from July 16  
to July 18, 1947  
that I last saw him alive on July 18, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration \_\_\_\_\_  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
23. Signature J. Berg (M. D. or other) \_\_\_\_\_  
Address 2306 Webster Date signed 7/18/47

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

AUG 19 1947

AUG 21 1947

*S*

**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

*Leo J. Budd*

Licensed Embalmer No.

*3989*

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.**