S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29912

Registration District No. FILED SEP 13 1947

Primary Registration District No. 6076

Registrar's No. 1920

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

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8/22/47 to 9/8/47 (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1734 Washington Ave. 9
(If rural, give location)
(e) Citizen of foreign country? No. 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HERRIN, Robert G.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. Unk.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Glenrose
6. (c) Age of husband or wife if alive 37 yrs years
7. Birth date of deceased Feb. 18, 1896 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	6	20	hr. min.

9. Birthplace Vincennes, Ind. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Manager, Railroad
11. Industry or business
FATHER
12. Name Unk.
13. Birthplace Unk. 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unk.
15. Birthplace Unk. 9
(City, town, or county) (State or foreign country)
16. (a) Informant Registrar, Vet. Adm. Hosp.,
(b) Address Jefferson Barracks, Mo.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof SEPT. 10-47 (Month) (Day) (Year)
(c) Place: burial or cremation VINCENNES IND
18. (a) Signature of funeral director C. Hoffmeister U & L Co.
(b) Address 7814 Broadway St. Louis, Mo.
19. (a) 9-10-47 (Date received local registrar) (b) Cecil A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
year 1947 hour 6 minute A.M.
21. I hereby certify that I attended the deceased from 8/22/47, 19..., to 9/8/47, 19...;
that I last saw him alive on 9/8/47, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma - rt. lung
Due to Atelectasis - rt. lung
Due to Bronchopneumonia - bilateral
Other conditions 47 c
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Autopsy performed
(See cause of Death)

Duration

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) 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? (Specify type of place)
While at work? (e) Means of injury 0
Signature L. E. Stilwell (M. D. ~~or other~~)
Address Vet. Adm. Hosp. Jeff. Bks. Mo. Date signed 9/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 15 1941

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.