S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43122

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 14042

1. PLACE OF DEATH:
(a) County
(b) City or town City St. Louis. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary Hospital. O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-3-29/12-17-47. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County
(c) City or town City ST. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal ST. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Herman.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased ~~X28X6~~ 6 (Month) - 29 (Day) - 1871 (Year)

8. AGE: Years 76 Months 5 Days 18 If less than one day hr. min.
9. Birthplace Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER 12. Name Frederick Herman
13. Birthplace Germany (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name Augusta. Braise
15. Birthplace Germany. (City, town, or country) (State or foreign country)
16. (a) Informant City Infirmary records.
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 30 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director ROWLAND
(b) Address 4365 Washington
19. (a) DEC 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12- day 17- year 1947 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from 1 - 1, 1947 to 12-17- 1947 that I last saw him alive on 12-17- 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Uremia Terminal
Due to Chronic Pyelonephritis - Non-Calculous
Due to Senile Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Anatomical Board

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 (M.D. or other)
Address 5600 Arsenal Date signed 12-17-47

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

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.....

Licensed Embalmer No.....

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.