S. No. 2
1—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
NATIONAL CENTER FOR HEALTH STATISTICS

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6481

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2365

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: Lutheran Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 79 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3421a Pestalozzi (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. Louis M. Herman

3. (b) If veteran, name war ------

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Elise Herman

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased November 10, 1868 (Month) (Day) (Year)

8. AGE: Years 79 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation Retired Jeweler

11. Industry or business Jewelry

FATHER
12. Name Unknown Herman
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Marie Knecht
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Louis M. Herman, Jr.

(b) Address 3421 Pestalozzi

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAR 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1948 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from 12-23-47, 19..., to 3-6-48, 19...; that I last saw him alive on 3-6-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	1wk
Due to: Prostatic hemorrhage	5wks
Due to: Prostatectomy Trans urethral	
Other conditions (Include pregnancy within 3 months of death): Senility-myocarditis	6yrs

Major findings:
Of operations: Non malignant prostatic enlargement.
Of autopsy: Not done

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 Walter H. Wolfe M.D. (M. D. or other)

Address 3105 S. Grand Date signed 3-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. W. H. V. Hoefer
3108 So. Grand

12-3 Mon

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 Glen W Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 W Long Ave

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.