No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17647 4830

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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: St. Anthony's Hospital 0
(If not in hospital or institution, write street number or location)

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

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. 5630 Finkman Ave
(If rural, give location)

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

If yes, name country

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17
9
0

3. (a) PRINT FULL NAME Adele Herman

3. (b) If veteran, name war ***** 3. (c) Social Security No. *****

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife William Herman 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased September 19 1892
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Edward Lueke
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Tohn
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant William Herman
(b) Address 5630 Finkman Ave

17. (a) Burial (b) Date thereof 5-27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6409 Gravois Ave

19. (a) MAY 26 1948 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24th day May
year 1948 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from apr 24, 1948 to May 24, 1948
that I last saw her alive on May 24, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	3 days
Due to: Hypertension — arteries closing	unk. unk
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: operated May 22 — (uterine) (brain) tumor — Carcinoma? (Report of section not received)	
Of autopsy: Report was a malignant tumor	

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 0

23. Signature Robert E Warner (M. D. or other)

Address Paul Brown Bldg Date signed May 25-48

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.....Homer W. Fritz

Licensed Embalmer No. 3882

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.