

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days (Specify whether  
In this community 10 years years, months or days)

3. (a) PRINT FULL NAME HERMANN HAIMANN

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Augusta Haimann 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased September 28 1877 (Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Leopold Haimann

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Caroline Herz

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Theo Haimann

(b) Address 416 Edgewood

17. (a) Burial (b) Date thereof 9/3/1948 (Month) (Day) (Year)

(c) Place: burial or cremation New Mt. Sinai

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) SEP 2 1948 (Date received local registrar)

J. F. Breck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County boe  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 5528 Waterman (If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1948 hour 12 minute noon

21. I hereby certify that I attended the deceased from 8-1 1948 to 9/31 1948  
that I last saw him alive on 8/31 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 10 days

Due to Coronary thrombosis 10 days

Due to 9/4

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

(Specify type of place) (e) Means of injury

While at work? R. C. Tremm (M. D. or other)

23. Signature 6233 Dohner Date signed 9/1/48

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**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. 4229

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.**