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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27806

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7609

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: 3413 Alberta St.
(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 0

(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3413 Alberta St. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 16 0

If yes, name country

3. (a) PRINT FULL NAME John Herrmann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Bertha

6. (c) Age of husband or wife if alive 78 yrs years

7. Birth date of deceased February (Month) 16, (Day) 1872 (Year)

8. AGE: Years 76 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation Retired--- Printer

11. Industry or business

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

MOTHER
14. Maiden name Mary Loyet
15. Birthplace (City, town, or county) Troy Illinois (State or foreign country) 1

16. (a) Informant Bertha Herrmann
(b) Address 3413 Alberta St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director JohnH.GebkenSonsUnd.Co.
(b) Address 2630 Gravois Ave.

19. (a) AUG 30 1948 (Date received local registrar) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th, year 1948 hour 1 minute A M.

21. I hereby certify that I attended the deceased from June 1 - 48, 19__, to aug 30, 1948; that I last saw him alive on aug 29, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ac myocarditis	2 da
Due to ch arteriosclerosis & ch nephritis	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
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)
While at work? (e) Means of injury

23. Signature W. H. Walters MD (M. D. or other)
Address 3608 S Grand St Louis 18 MO Date signed 8/30/48

(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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravai

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.