

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **38221**  
**9636**  
Registrar's No. \_\_\_\_\_

FILED NOV 19 1948  
Registration District No. **818**

Primary Registration District 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:  
City Infirmery Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7/13/48 To  
11/3/48 (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME HERMANN, FRED R.

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 Louise Hermann 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 24, 1875  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Cement Contr.

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Louise Hermann

(b) Address 2917 Benton St.

17. (a) Burial (b) Date thereof 11/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery  
Paschedag-Henke

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 2825 N. Grand Blvd.

19. (a) NOV 5 1948 (b) J. B. Loaster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County San  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2917 Benton St.  
20 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3  
year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 13,  
1948 19\_\_\_\_ to November 3, 1948.

that I last saw him alive on November 3, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Bronchopneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy same

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (g) Means of injury \_\_\_\_\_

23. Signature Clifton Krag (M.D. or other) \_\_\_\_\_  
Address 5600 Arsenal St. St. Louis Date signed Nov 3 1948

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

MOTHER FATHER

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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 Elmo D. Cadwell

Licensed Embalmer No. 4077

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:**