

FILED JAN 18 1949

318

State File No. 11411

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2901a Lemp Ave.
(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

3. (a) PRINT FULL NAME Katherine Herman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph Herman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 19 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace River Aux Vasse Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Tony Schwartz
13. Birthplace River Aux Vasse Missouri
(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 Gertrude Gleason
(b) Address 2628 N. 19th St.

17. (a) Burial (b) Date thereof 1-2-49
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 31 1948 (b) J. B. Parster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County add
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2901a Lemp Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec. day 31
year 1948 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 6
1948 to Dec 31, 1948
that I last saw her alive on Dec 31, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the colon (Primary) Duration 1 year

Due to Secondary Metastasis to liver, lung & throughout body 4mo

Due to _____
Other conditions _____
(Include pregnancy within 5 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. A. O'Sullivan (M. D. or other) M.D.
Address 421 N. Schermer Date signed 12-31-48

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 Chris A. Sadwell
- - 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.