

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24893

State File No. 5945  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5945			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2249					
d. FULL NAME OF HOSPITAL OR INSTITUTION 3108 A ILLINOIS AV.				d. STREET ADDRESS (If rural, give location) 3108 A ILLINOIS AV.					
3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) J. c. (Last) HERMBERG			4. DATE OF DEATH (Month) (Day) (Year) JULY 10-50						
5. SEX M. O.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH APRIL-15-1891 59YR			
9. AGE (In years last birthday) 59YR		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOTTLER		10b. KIND OF BUSINESS OR INDUSTRY BUSCH BREWERY		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FREDERICK HERMBERG		13b. MOTHER'S MAIDEN NAME CATHERINE KRUMM		14. NAME OF HUSBAND OR WIFE LOUISE HERMBERG			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Louise Hermberg 3108 Illinois					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH one month	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H20.1					
22. I hereby certify that I attended the deceased from June 2, 1950, to July 10, 1950, that I last saw the deceased alive on July 6, 1950, and that death occurred at 4:30 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Edwin J. Vittoria (Degree or title)				23b. ADDRESS 16 Hampton Village Plaza		23c. DATE SIGNED 7/10/50			
24a. BURIAL, CREMATION, TOMB, REPOULCH (Specify) BURIAL		24b. DATE JULY 13-50		24c. NAME OF CEMETERY OR CREMATORY ST PAULS Church Yard		24d. LOCATION (City, town, or county) (State) St Louis MO			
DATE REC'D BY LOCAL REG. JUL 10 1950		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schur 3125 Lafayette av					

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Jose B. Kollmer*

Licensed Embalmer No. *4014*

P. O. Address: *3125 Lafayette*

Signed.....  
Student Embalmer

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.