

FILED DEC 8 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39137**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100A** Registrar's No. **10720**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 3122a S. Grand Blvd.	

3. NAME OF DECEASED (Type or Print) ALBERT	a. (First)	b. (Middle)	c. (Last) HERMINGHAUS	4. DATE OF DEATH Dec. 1 1951
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 26, 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leaf Tobacco Business (Retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Burlington, Iowa	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Hugh Herminghaus	13b. MOTHER'S MAIDEN NAME Amalia Hodapp	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Erwin Herminghaus	ADDRESS 3120a S. Grand
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES DUE TO (b) Pulvis sclerotic Myocarditis		
	DUE TO (c) Generalized arteriosclerosis		Year 1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Therapeutic treatments			Year 30 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 420 ft
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22. I hereby certify that I attended the deceased from 9-21, 1948, to 12-1, 1951, that I last saw the deceased alive on 11/30/51, 19, and that death occurred at 4:50A m., from the causes and on the date stated above.

23a. SIGNATURE C. H. Swaback (Degree or title) M.D.	23b. ADDRESS 5203 Chippewa	23c. DATE SIGNED 12/3/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Re)	24b. DATE 12-3-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) Burlington, Iowa (State)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 3 1951	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Edwin A. M. Herriott* _____

Licensed Embalmer No. *3024* _____

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.