

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36048**

FILED OCT 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **222**

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

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>	
c. LENGTH OF STAY (in this place) <b>Lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>620 North 6th. Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>620 North 6th. Street</b>		d. STREET ADDRESS <b>620 North 6th. Street</b>	

3. NAME OF DECEASED (Type or Print) <b>EARL J. HERMANN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 22 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Sept. 12, 1898</b>		9. AGE (In years last birthday) <b>54</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	
11. BIRTHPLACE (State or foreign country) <b>Cottleville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad Cars</b>	

13a. FATHER'S NAME <b>William Hermann</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine Kohlhepp</b>	14. NAME OF HUSBAND OR WIFE <b>Martha E. Trendley</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-01-9198</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Martha E. Hermann</b>	ADDRESS <b>St. Charles, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized carcinomatosis</b>		
	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 CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  _____			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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? _____

22. I hereby certify that I attended the deceased from **5-13**, 19**50**, to **10-22**, 19**52** that I last saw the deceased alive on **10-22**, 19**52** and that death occurred at **6:30p m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Earl J. Hermann</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>114 N. Main St., St. Chas. Mo.</b>	23c. DATE SIGNED <b>10-24-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 25, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>

DATE REC'D BY LOCAL REG. <b>10-24-52</b>	REGISTRAR'S SIGNATURE <b>Nanice Hamilton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.C. Dallmeyer &amp; Sons Co.</b>	ADDRESS <b>H.C. Dallmeyer &amp; Sons Co., St. Charles,</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Frank R. Amalunga*

Licensed Embalmer No. *4832*

P. O. Address *St Charles*

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.