

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36474

State File No.

9626

FILED NOV 12 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Saint Louis</u>)		c. LENGTH OF STAY (In this place) <u>18 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>21.2 1/2</u> OR TOWN <u>Saint Louis</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Good Samaritan Home 4500 Washington Blvd.</u>				d. STREET ADDRESS (If rural, give location) <u>4500 Washington Blvd.,</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u> b. (Middle) _____ c. (Last) <u>Herrmann</u>			4. DATE OF DEATH <u>Oct. 18th, 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 28th, 1865</u>		9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME (Unknown) <u>Miller</u>		
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Late Jacob Herrmann</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Rev. F. J. Langhorst,</u>		ADDRESS <u>4500 Washington Bl.</u>		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.				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>		MEDICAL CERTIFICATION		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>				DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS 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"/>		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 <u>10/5</u> , 19 <u>52</u> , to <u>10/18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/16</u> , 19 <u>52</u> , and that death occurred at <u>12:25 P.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>F. Bergman</u> (Degree or title) <u>M.A.</u>		23b. ADDRESS <u>3720 Washington</u>		
23c. DATE SIGNED <u>10/20/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/21/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz</u>		ADDRESS <u>4828 Natural Bridge Blvd.</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>[Signature]</u>		
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>00T 2 0 1952</u>		REGISTRAR'S SIGNATURE _____		

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

Beaumont Bldg., 2nd Floor,
3720 Washington Blvd.,
Je. 6204

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 Raymond C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

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.