

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2484**

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If rural, give location) 3146 Bent 1	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) J. c. (Last) HERMANN			4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1953		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 11, 1914	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Month _____ Days _____	IF UNDER 1 MIN. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Blue Cross Ins.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert Hermann	13b. MOTHER'S MAIDEN NAME Margaret Watterson	14. NAME OF HUSBAND OR WIFE Eileen Hermann
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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) Yes WW 11	16. SOCIAL SECURITY NO. Yes ?	17. INFORMANT'S SIGNATURE OR NAME Eileen Hermann, St. Louis, Mo	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		DUE TO (b) Arteriosclerosis of trunk coronary arteries
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Calcification stenosis of aortic valve		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Summer left adrenal inf.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" 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) 4201
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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 _____
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22. I hereby certify that I attended the deceased from **19 Jan, 1953** to **19 Jan, 1953**, that I last saw the deceased alive on **19 Jan, 1953** and that death occurred at **7:40 P.M.**, from the causes and on the date stated above.

22a. SIGNATURE Carl D. Neigel, M.D.	22b. ADDRESS 3216 West 18th St. Sedalia, Mo	22c. DATE SIGNED 20 Jan 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 22, 1953	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo
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DATE REC'D BY LOCAL REG. 1-21-1953	REGISTRAR'S SIGNATURE A. J. Campbell, M.D. Deputy	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Lechart	ADDRESS Sedalia, Mo
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251-0

(Licensed Embalmer's Statement on Reverse Side).

GILLESPIE FUNERAL HOME
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

804

FEB 0 1953

JAN 27 1953

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 Russell P. Maag

Licensed Embalmer No. 4809

P. O. Address Sedalia, 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.