

29725

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 31 1953

No. 300  
10.48  
940  
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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 297

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>City of St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give TWP or OR LENGTH OF STAY (in this place) <u>Rural St. Francois</u> <u>19X; 2M; 30d</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2009</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #4</u>		d. STREET ADDRESS (If rural, give location) <u>Ambassador Hotel, St. Louis, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u>	b. (Middle)	c. (Last) <u>Hermann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 25, 1882</u>	9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>9</u>	11. DAYS <u>23</u>	12. HOURS <u>23</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Hubert Hermann</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Floersch</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Miss. Theresa Baur, 4729 St. Farlin Ave., St. Louis, MO.</u>
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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 & Hospital Records.		INTERVAL BETWEEN ONSET AND DEATH <u>abt. 1 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Psychosis (Schizophrenia, Simple type)</u>		
DUE TO (c)		abt. 35 yrs.	
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 <u>3000</u>	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, other 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?
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22. I hereby certify that I attended the deceased from Dec. 3, 1951 to August 17, 1953 that I last saw the deceased alive on August 17, 1953, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. A. Brennan M.D.</u>	(Degree or title)	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>8-17-53.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-19-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 17, 1953</u>	REGISTRAR'S SIGNATURE <u>Cather Redloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Math Hermann &amp; Son Inc. 2161 E. Fair Ave.</u>
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(Licensed Embalmer's Statement on Reverse Side)

ST. LOUIS, MO.

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

10 1958

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 Walter J. Burnaby  
Licensed Embalmer No. 4302  
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.