No. 300
10.48

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17049

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 154

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN Farmington (If outside corporate limits, write RURAL and give township) Rural St. Francois
c. LENGTH OF STAY (In this place) 22Y;7M;4das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY City of St. Louis
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) City San. - 5400 Arsenal St.

21 39

3. NAME OF DECEASED (Type or Print)
a. (First) MARY
b. (Middle)
c. (Last) HERMAN

4. DATE OF DEATH (Month) (Day) (Year) May 10, 1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed (?)
8. DATE OF BIRTH Dec. 13, 1872
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 4 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Kern
13b. MOTHER'S MAIDEN NAME Johanna Sorg
14. NAME OF HUSBAND OR WIFE George Herman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records, State Hospital No. 4, Farmington, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 das.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephrosclerosis — Unknown
DUE TO (c) Arteriosclerosis — Unknown.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia — abt. 50yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 446X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 13, *19*52, *to* May 10, *19*54, *that I last saw the deceased alive on* May 10, *19*54, *and that death occurred at* 1:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE John A. Brennan (Degree or title) M.D.
23b. ADDRESS State Hospital No. 4, Farmington, Mo.
23c. DATE SIGNED 5-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/17-54
24c. NAME OF CEMETERY OR CREMATORY Deutchavary
24d. LOCATION (City, town, or county) (State) Farmington Mo.

DATE REC'D BY LOCAL REG. May 17, 1954
REGISTRAR'S SIGNATURE Esther Rudolph 2-84-11
25. FUNERAL DIRECTOR'S SIGNATURE Cozean Funeral Home
ADDRESS Farmington, Mo.
(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.