

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39201

State File No.

FILED DEC 13 1955

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>545</u>		Registrar's No. <u>2794</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>				c. LENGTH OF STAY (in this place) <u>3 Mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood 4534</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7442 Zephyr Place</u>				d. STREET ADDRESS (If rural, give location) <u>7442 Zephyr Place</u>							
3. NAME OF DECEASED (Type or Print) <u>Bertha</u>			a. (First)			b. (Middle) <u>Herrmann</u>			c. (Last)		
4. DATE OF DEATH <u>Nov 28 1955</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>4/22/1870</u>			9. AGE (in years last birthday) <u>85</u>			IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u>			IF UNDER 1 HR. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>				11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>John Bauer</u>				13b. MOTHER'S MAIDEN NAME <u>Louise Schlecht</u>			
14. NAME OF HUSBAND OR WIFE <u>John Herrmann, Dec'd</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Fred W. Loeffel</u>				ADDRESS <u>7442 Zephyr Place</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				DUPLICATE OF (a) <u>Cerebral Hemorrhage</u>				<u>4 days</u>			
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				II. ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Atherosclerosis</u>				<u>5 years</u>			
				DUE TO (c) <u>Hypertension</u>				<u>5 years</u>			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>33ix</u>							
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) (m.)				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>Oct</u> , 19 <u>50</u> , to <u>Nov. 28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov. 28</u> , 19 <u>55</u> , and that death occurred at <u>2 A.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Phil Dardinkew</u> M.D.						23b. ADDRESS <u>3903 Olive St.</u>			23c. DATE SIGNED <u>11/29/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>12/1/55</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-30-55</u>			REGISTRAR'S SIGNATURE <u>Hebert R. Romberg</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u>			ADDRESS <u>6633 Clayton Road</u>		

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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4788

P. O. Address Michigan 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.