Health, & Welfare Public Service

S. 300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

XC 16791920
R19195 SL 11331

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35627

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8942

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri — Inside Limits Yes X No ☐	c. CITY OR TOWN Belleville 8120 8 — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital 915 N. Grand — Length of stay in lb 9 days	d. STREET ADDRESS (If outside, give location) 709 S. Church Rd. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Fred	Middle: J.	Last: Hermann	4. DATE OF DEATH Month Day Year: 9-28-56
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 11-18-95	9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber	10b. KIND OF BUSINESS OR INDUSTRY: Self employed	11. BIRTHPLACE (City and state or country): Belleville, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Joseph L. Hermann		14. MOTHER'S MAIDEN NAME: Anna Weber		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: 318207877	17. INFORMANT Address: VA HOSPITAL RECORDS, ST. LOUIS, MO.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARDIAC FAILURE WITH PULMONARY ADEMA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE

DUE TO (c) BRONCHIAL PNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.0

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 9-19-56, to 9-28-56 and last saw ~~her~~ him alive on 9-28-56

Death occurred at 3:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert Denton M.D. Robert Denton, M.D.	22b. ADDRESS: VAH, ST. LOUIS, MO.	22c. DATE SIGNED: 9-29-56	
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL	23b. DATE: 9-29-56	23c. NAME OF CEMETERY OR CREMATORY: GREEN MOUNT	23d. LOCATION (City, town, or county) (State): BELLEVILLE ILLINOIS
24. FUNERAL DIRECTOR ADDRESS: RENNER FUNERAL HOME BELLEVILLE ILLINOIS	25. DATE RECD. BY LOCAL REG.: SEP 29 1956	26. REGISTRAR'S SIGNATURE: J Earl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Not Embalmed, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo Penner

Licensed Embalmer No. 231

P. O. Address Bellville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.