

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____								
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION En Route to Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 4712 Milents Ave										
3. NAME OF DECEASED (Type or Print)			a. (First) ANNA			b. (Middle)			c. (Last) HERMANN			4. DATE OF DEATH (Month) (Day) (Year) 1-24-1958		
5. SEX Female			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow			8. DATE OF BIRTH 4-16-1876			9. AGE (In years last birthday) 81		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Germany			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Phillipp Roman				13b. MOTHER'S MAIDEN NAME Julia Tassing				14. NAME OF HUSBAND OR WIFE John H. Hermann (Deceased)						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Anton Hermann			ADDRESS 6255 Gravois Ave					
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema + Pericardial effusion				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours						
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Disease arteriosclerosis?										
				DUE TO (c) Arteriosclerosis for arteries wall thickening										
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal effusion										
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 4200								
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?								
22. I hereby certify that I attended the deceased from 1/4/58 19 58 , to 1/24 19 58 , that I last saw the deceased alive on 1/9 19 58 , and that death occurred at 7:15 P.m. , from the causes and on the date stated above.														
23a. SIGNATURE Agnes V. Schroeder M.D.				23b. ADDRESS 4401 Hampton Ave				23c. DATE SIGNED 1/27/58						
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-28-1958		24c. NAME OF CEMETERY OR CREMATORY St. Peter and Paul Cemetery		24d. LOCATION (City, town, or county) (State) 7030 Gravois Ave								
DATE REC'D BY LOCAL REG. JAN 27 58		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Georgie Geisler Bros		ADDRESS 6409 Gravois Ave								

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

1-2-58
3-303
1-2-58
1-2-58

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.....
Signature of Student Embalmer

Signed.....*Ken M. Seymour*

Licensed Embalmer No. *4343*

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

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