Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-011745
STATE FILE NUMBER

FILED MAR 27 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3245

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: 01 3939 California Ave. — Length of stay in Hospital: 11 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: 2249
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 24 3939 California Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Alfred Middle: C. Last: Herrman

4. DATE OF DEATH: Month: March Day: 19 Year: 1958

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: July 7, 1899

9. AGE (In years last birthday): 58 — 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): Street Car Operator

10b. KIND OF BUSINESS OR INDUSTRY: Public Service Co.

11. BIRTHPLACE (City and state or country): Orient L. I. N. Y. /

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Karl Herrman

13b. MOTHER'S MAIDEN NAME: Johanna Krug

14. NAME OF HUSBAND OR WIFE: Alice F. Herrman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Unk (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 493-10-9450

17. INFORMANT: Alice F. Herrman Address: 3939 California Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Carcinoma Left Bronchiquin — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Adeno Carcinoma — 1 1/2 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1621

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 2

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. I attended the deceased from Dec 10 1957 to March 19-58 and last saw ~~her~~ him alive on March 14 58
Death occurred at 12:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: 1452 So Compton St Louis 4 Mo

22c. DATE SIGNED: March 19 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Mar. 21, 1958

23c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery

23d. LOCATION (City, town, or county) (State): Lemay, Mo.

24. FUNERAL DIRECTOR ADDRESS: Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: MAR 19 '58

26. REGISTRAR'S SIGNATURE: J Carl Smith MD
MGB

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

2-4 pm

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 Lee C. Branson

Licensed Embalmer No. 4764

P. O. Address St. Louis,

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.