

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031285  
STATE FILE NUMBER

DECEASED AUG 22 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2142

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton RICHMOND HEIGHTS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Centerville Township</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		Length of stay in lb <b>11 Days</b>	d. STREET ADDRESS (If outside, give location) <b>404 Inland Drive</b>
3. NAME OF DECEASED (Type or print) First <b>Doris</b> Middle <b>Jane</b> Last <b>Herman</b>		4. DATE OF DEATH Month <b>August</b> Day <b>16</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 22, 1931</b>
9. AGE (In years - last birthday) <b>27</b>		10. FUNDER 1 YEAR Months <b>7</b> Days <b>12</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Whiting, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		13a. FATHER'S NAME <b>Arthur Hottman</b>	
13b. MOTHER'S MAIDEN NAME <b>Anne S. Wilhauer</b>		14. NAME OF HUSBAND OR WIFE <b>George J. Herman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Not available</b>	17. INFORMANT Address <b>George J. Herman-East St. Louis, Ill.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Brain Tumor - Malignant</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____			<b>1930</b>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>None</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	
20f. CITY, TOWN, OR LOCATION <b>East St. Louis</b>		COUNTY _____ STATE _____	
21. I attended the deceased from <b>Aug. 6, 1958</b> to <b>Aug. 16, 1958</b> and last saw her/him alive on <b>8-16-58</b> Death occurred at <b>12:15 P</b> m on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE <b>Doris A. Palazzo</b>		22b. ADDRESS <b>4161 Euclid Blvd. East St. Louis, Ill.</b>	
22c. DATE SIGNED <b>8-16-58</b>		22d. SIGNATURE OF REGISTRAR <b>Herbert R. Donke M.D.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8/16/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>LOCAL</b>		23d. LOCATION (City, town, or county) (State) <b>East St. Louis, Ill.</b>	
24. FUNERAL DIRECTOR <b>John Kasey</b>		ADDRESS <b>E. St. Louis, Ill.</b>	
25. DATE RECD. BY LOCAL REG. <b>8-16-58</b>		26. REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

*Palazzo 4161 Euclid St. Ill.*

MAY 26 1959

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 *John Embalmer*....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Joseph J. Kisely*.....

Licensed Embalmer No. *7541*.....

P. O. Address *E. H. Fournier*.....

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.