

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034322
STATE FILE NUMBER
Registrar's No. 8891

FILED OCT 3 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 8891

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 4318 Cottage	
3. NAME OF DECEASED (Type or print) First Middle Last Charles Herman		4. DATE OF DEATH Month Day Year 9 13 58	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 10 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) OFallen Mo.
13a. FATHER'S NAME Cornelius Herman		13b. MOTHER'S MAIDEN NAME Marie Hubbard	14. NAME OF HUSBAND OR WIFE Mrs. Opal Herman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Mrs. Opal Herman, 4318 Cottage Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> <u>Bronchogenic Carcinoma.</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>162.1</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>9-11-58</u> , to <u>9-13-58</u> and last saw her alive on <u>9-13-58</u> Death occurred at <u>4:25</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>A. A. Innes, M. D.</u>		22b. ADDRESS <u>2601 N. Whittier</u>	
22c. DATE SIGNED <u>9-13-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>9/17/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> <u>Jefferson Barricks</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson Barricks Mo.</u>
24. FUNERAL DIRECTOR <u>Herman J. Smith, 4247 W/Labadie.</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 15 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u> <u>m j b</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *[Handwritten Signature]*

Licensed Embalmer No. *2489*
P. O. Address *4575 Alder*

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.