V. S. No. 2
00M—2-43
Rev. 5-17-39
1 X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26297

Registrar's District No. FILED SEP 8 1944 8

Primary Registration District No. 1003

Registrar's No. 7518

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4mos. 11ds. (Specify whether
In this community 61 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 15
(d) Street No. 3224 Dakota St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE HERRMANN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Gertrude Herrmann
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 21 (Day) 1882 (Year)

8. AGE: Years 61 | Months 8 | Days 7 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation none
11. Industry or business

MOTHER
12. Name Fred Herrmann
13. Birthplace not known (City, town, or county) Germany (State or foreign country)

FATHER
14. Maiden name Theresa
15. Birthplace not known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Thelma Ziegler
(b) Address 5700 Arsenal St.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 8/31/44 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul Cem.
18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.
19. (a) AUG 30 1944 (Date received local registrar) J. F. Bredeak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1944 hour 2.20 minute a M.
21. I hereby certify that I attended the deceased from Jan 1, 1944 to Aug. 28, 1944 that I last saw him alive on Aug. 28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Organic Brain Disease	1944x
Cerebral Arteriosclerosis	1944x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert Bowman (M. D. or other)
Address 1515 Lafayette Av Date signed 8/28/44

(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 embalmed by me, or by me, Registered Apprentice No. ....., working under my personal supervision.

Signed Joe S. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., 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 this body is not embalmed, fact should be so stated above.