

3. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29262

FILED SEP 12 1941

Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 49

1. PLACE OF DEATH:

(a) County STE GENEVIEVE
(b) City or town STE GENEVIEVE
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community: _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ste Genevieve
(c) City or town Ste Genevieve
(d) Street No. _____
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Joe E. Herman

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LEON HERMAN

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 25 1868

8. AGE: Years 73 Months 1 Days - If less than one day hr. min.

9. Birthplace STE GENEVIEVE MO

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name Louis Ziegler
13. Birthplace Ste Genevieve Mo
14. Maiden name Calogie James
15. Birthplace Ste Genevieve Mo

16. (a) Informant Jean Herman
(b) Address Ste Genevieve Mo

17. (a) Burial (b) Date thereof Aug 27, 1941

18. (a) Signature of funeral director Leo C. Basler
(b) Address Ste Genevieve Mo

19. (a) Aug 26/41 (b) T.W. Douglas

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1941 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Aug 25 1941 to Aug 25 1941 that I last saw him alive on Aug 25 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy

Due to: Arterial Hypertension

Due to: _____

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____
(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: Walter Edgeman (M. D. or other) M.D.
Address: Ste Genevieve Mo Date signed 8-26-41

(Licensed Embalmer's Statement on Reverse Side)

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

95
1
1

93
1
1

MOTHER FATHER

FEB 18 1957

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Leo C. Basler*

Licensed Embalmer No. *1985*

P. O. Address *St. Genevieve 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.