

No. 2  
1-4-41  
5-17-39  
I X26390

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23455  
5807

State File No.

Registrar's No.

**AUG 28 1941**  
Registration District No. **791**

Primary Registration District No. **100**

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

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 Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 7 days  
(Specify whether years, months or days)

In this community 74 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Dean

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 Widowed

6. (b) Name of husband or wife Robert

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

7. Birth date of deceased May 16 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>2</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Frederick Herrmann

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Dean

(b) Address 505 W. Hurck

17. (a) Burial (b) Date thereof July 16 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Trinity Lutheran

18. (a) Signature of funeral director Reidervieden Funl. Home

(b) Address JUL 1956 1941 Louis Ave

19. (a) JUL 15 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17  
9

(c) City or town St Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 505 West Hurck  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13  
year 1941 hour 12 minute 45 PM.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Fracture of right femur. After several days suffered when deceased slipped on the linoleum covered floor in the kitchen of her home 505 W Hurck St on July 7, 1941 about 12 o'clock noon

Other causes of death \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations None

Of autopsy None

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) Accident

(b) Date of occurrence 7/14/41

(c) Where did injury occur? St Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)

23. Signature James J. Tillman (M.D. or other) MD

Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**