

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6215**  
Registrar's No. **1525**

BIRTH NO. **FILED MAR 5 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Florissant</b> <sup>4051</sup>	
c. LENGTH OF STAY (in this place) <b>11 wks</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Anthonys Hospital</b>			
e. STREET ADDRESS (If rural, give location) <b>1003 Costello St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
<b>MARY GERMING</b>				<b>2-15-54</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5-10-1860</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR	IF UNDER 1 MONTH	IF UNDER 1 DAY	IF UNDER 1 HOUR	IF UNDER 1 MIN.
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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>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Florissant, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Henry Stroob</b>	13b. MOTHER'S MAIDEN NAME <b>Angela Behlmann</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Germing</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dorothy Gruenloh</b>	ADDRESS <b>Florissant, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured pelvis</b>	DUE TO (b) <b>Cardiovascular</b>		<b>11 wks</b>
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (c) <b>failure</b>		
*This does not refer to the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		
19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office, bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Florissant Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 28, 53</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell at home</b> <sup>400</sup> <b>E9040</b>

22. I hereby certify that I attended the deceased from **Nov 28 1953** to **Feb 15, 1954**, that I last saw the deceased alive on **Feb 14, 1954** and that death occurred at **1615 7th St.** the causes and on the date stated above **2-15-54**

23a. SIGNATURE <b>J. F. Hermann</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>2-15-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-18-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart</b>	24d. LOCATION (City, town, or county) (State) <b>Florissant, Missouri</b>
DATE REC'D BY LOCAL REG. <b>FEB 16 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WHITE CHAPEL Ferguson, Missouri</b>	

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

**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 *Eleanor Pounce*.....

Licensed Embalmer No...3403

P. O. Address...Jennings,...

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.