N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

46374

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 12161

City St Louis, Mo. (No. ....., City Sanitarium St. ..... Ward)

2. FULL NAME John M. Himmer

(a) Residence, No. 3000 Lemp St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Adelia Jones Himmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5, 1859

7. AGE: YEARS 77 MONTHS ~~6~~ 6 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Florist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Florist
10. Date deceased last worked at this occupation (month and year): About 1935
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER

13. NAME: Carl Himmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Dr. W.L. Moore, 5400 Arsemal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE 12-12 1936

19. UNDERTAKER (ADDRESS): Louis H. Bopp Kirkwood, Mo.

20. FILED ....., 19.... J. F. Bredeck Registrar.

DEC 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec, 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1936 to Dec. 9, 1936
I last saw him alive on Dec. 9, 1936 Death is said to have occurred on the date stated above, at 8:55 m. P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Embolism 12-10-36 Date of onset

95 b

Other contributory causes of importance:
Arteriosclerotic Heart Disease 10-26-36x
Generalized Arteriosclerosis 10-26-36x

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. L. Moore, MD, M. D.
(Address) 5400 Arsenal St.

12161

12161