

NOV 15 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36154

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **2 791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **3639a Garfield Ave.** St. **9731**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Emil Rudolph Himmelmann**

(a) Residence, No. **3639a Garfield Ave.** St. **11** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Minnie Himmelmann** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 1st, 1859**

7. AGE YEARS **78** MONTHS **0** DAYS **16** If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Butcher**

9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Itto Himmelmann**
3639a Garfield Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bethany Cem.** DATE **Oct. 20th, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Wichmann Funeral**
1905 Union Blvd.

20. FILED **OCT 20 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 17th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 15 - 1937, to Oct. 17, 1937**

I last saw him alive on **Oct. 17 - 1937**. Death is said to have occurred on the date stated above, at **5:08 P.M.**

The principal cause of death and related causes of importance were as follows:

apoplexy

82a

Other contributory causes of importance:

Senility

Date of onset **Oct 15 1937**

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) **J. Phylars** M. D.
(Address) **607 N. Grand**

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.

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11-2
Apprentice Seal

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E.

No. _____ or by _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Robert M. Sanford

Licensed Embalmer No. 2273

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.)