

Registration District No. **791**
1003

Primary Registration District No. _____

Registrar's No. **8881**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Days.
(Specify whether _____ years, months or days)

NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Beverly Hills.
(If outside city or town limits, write "RURAL")
(d) Street No. 3510 Colonial Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME

Hermeling Christ 65th

8. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased December 29, 1873.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 16 hr. min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business unemployed.

12. Name Christian Hermeling.

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

14. Maiden name Wilhelmina Forlock.
15. Birthplace ? Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Arthur H. McKay.

(b) Address 3510 Colonial Ave.

17. (a) Cremation (b) Date thereof 10-19-1939
(Method, cremation, or other) (Month) (Day) (Year)

(c) Place: Valhalla Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) OCT 19 1939 (b) J. B. Biedler
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1939 hour 11 minute 35 P. M.

21. I hereby certify that I attended the deceased from Sept. 15, 1939, to Oct. 15, 1939;
that I last saw him alive on Oct. 15, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death

Obstructive jaundice

Duration

7 wks.

Due to Stenosis common bile duct

Chronic cirrhosis of liver

Due to Carcinoma of head of pancreas

Other conditions Ch. Myocarditis

Major findings:

Of operations Chronic cirrhosis of liver

Of autopsy Stenosis common bile duct

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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edward Keen H. M. D. (M. D. or other) _____
Address 1325 S. Grand Blvd. Date signed 10-16-39

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

Rev. 5-17-39
1 x 1931

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.

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 3454

David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson
Licensed Embalmer No. 3454
P. O. Address 5966 Easton St

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, above space should be left blank.