

FILED DEC 22 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 10961

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: Emergency to City Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 11  
(c) City or town St. Louis 94  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6211 West Park Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME HELEN LOMMIEN

3. (b) If veteran, name war Stone 3. (c) Social Security No. Stone

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced  
6. (b) Name of husband or wife Ferdinand Hacault 6. (c) Age of husband or wife if alive 3 years  
7. Birth date of deceased May - 1897  
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation maid

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

12. Name Ferdinand Lommien

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

14. Maiden name Peterine

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

16. (a) Informant Nicholas Rommeyer

(b) Address 6211 West Park Ave.

17. (a) Removal (b) Date thereof 12-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Detroit Michigan

18. (a) Signature of funeral director Wiegand's Mortuaries  
(b) Address 4228 So. Kingshighway

19. (a) DEC 11 1943 (b) J.F. Bedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 12 day 10  
year 1943 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Shrapnel from due to  
handgrenade which was fired  
with shrapnel from neck  
due to explosion of handgrenade  
on the floor of his employer's  
shop 10/10/1943 about 10:30 AM

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

Major findings: 10/4

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) suicide

(b) Date of occurrence Dec. 10 1943

(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?  
Industrial

While at work? yes (Specify type of place) \_\_\_\_\_  
(Specify type of place) (Means of injury) Handgrenade

23. Signature Thomas J. Callahan  
Address Deputy Coroner Date signed 12-11-43

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

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**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 *Richard W. Stevesand*.....

Licensed Embalmer No. *4007*.....

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.**