

FILED MAY 20 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4315**

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5339 Cote Brilliante Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**
17

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL") **96**

(d) Street No. **5339 Cote Brilliante Ave.**
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country..... **0** (Yes or No)

3. (a) PRINT FULL NAME..... **William Anthony Hermeyer**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7**
year **1944** hour **1** minute **15 P.M.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Rose Hermeyer** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased..... **Aug. 23 1896**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 7-44**
..... 19..... to **May 7 1944**
that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

47 **8** **14** hr. min.

Immediate cause of death.....
Chronic myocarditis

Due to.....
Of Bacteri

Due to.....
hypertension

Other conditions.....
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation..... **Lumberman**

11. Industry or business..... **Hermeyer Lumber Co.**

MOTHER FATHER { 12. Name..... **Henry Hermeyer**

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

14. Maiden name..... **Unknown**

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

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?

16. (a) Informant..... **Rose Hermeyer**

(b) Address..... **5339 Cote Brilliante Ave.**

17. (a) **Burial** (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cem.**

18. (a) Signature of funeral director..... **Drehmann-Harral**

(b) Address..... **1905 Union Blvd.**

19. (a) **MAY 10 1944** **J. F. Bueck**
(Date received local Registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature..... (M, D. or other)
Address..... Date signed.....

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

4114
12-2
W. Horncastle

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 Albert R. Thompson Jr
Licensed Embalmer No. 4237
P. O. Address St. Louis

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.