

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X38671

**FILED** DEC 28 1945  
318

Registration District No. **318** Primary Registration District No. **1003**

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

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: **Alexian Brothers Hospital**  
(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

3. (a) PRINT FULL NAME **Philip Himmighoef**

3. (b) If veteran, name war **Spanish American**

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Mary Himmighoef**

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

7. Birth date of deceased **Nov. 21, 1864**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>81</b>	<b>0</b>	<b>26</b>	hr. _____ min.

9. Birthplace **Belleville Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Pullman Conductor**

11. Industry or business **Godfried Himmighoef**

12. Name **Germany**

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

14. Maiden name **Catherine Kauffmann**

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

16. (a) Informant **Lee Biby**

(b) Address **3701a Meramac St.**

17. (a) **Removal-Motor** (b) Date thereof **Dec. 20/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Belleville, Illinois**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 S. Grand Bl.**

19. (a) **DEC 17 1945** (b) **J. F. Budeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **3701 A. Meramac St.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17**  
year **1945** hour **6** minute **35 A.** M.

21. I hereby certify that I attended the deceased from **12-15**  
19**45** to **12-17** 19**45**  
that I last saw him alive on **12-16** 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis Hypertension**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Senile Prostatitis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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

Duration **3 years 8 years**

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 **J. F. Budeck** (M. D. or other) **MD**  
Address **2840 California** Date signed **12-17-45**

**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

*Nancy A. Stewart*

..... SS. Licensed Embalmer No. **3722**.....

P. O. Address **412 Duchouquette 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, fact should be so stated above.**