

FILED JUL 15 1948

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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

20996

6068

Registration District No.

Primary Registration District No.

Registrar's No.

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:
Missouri Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Week
 (Specify whether
 In this community
 years, months or days)

3: (a) PRINT
FULL NAMEGeorge J. Ikemeyer3. (b) If veteran,
name war.....None

3. (c) Social Security No.

4. Sex Male 5. Color or
race White
 6. (a) Single, widowed, married/
divorced Married
 6. (b) Name of husband or wife Vera
 6. (c) Age of husband or wife if
alive 61 years
 7. Birth date of deceased October 19 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 71 8 17 hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Henry Ikemeyer
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Agnes Custer
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vera Ikemeyer
 (b) Address Bellefontaine Rd. & Kemper
 17. (a) Burial (b) Date thereof 7-10-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.
 (b) Address 2161 E. Fair Ave
JUL 8 1948
 (Date received local registrar) (b) J. F. Brodeur
 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Spanish Lake
 (If outside city or town limits, write "RURAL")
 (d) Street No. Bellefontaine Rd. & Kemper
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
 year 1948 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 21
21, 1948 to July 6, 1948
 that I last saw him alive on July 6, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized
non-specific sub-acute
Choleraealitis
 Due to Sub-thyroidism
abscess
 Duration (7)
 Cause of abscess not known

Other conditions
 (Include pregnancy within 3 months of death)

Major findings: Cholelithiasis
 Of operations 6/28/48
 Of autopsy above diagnosis

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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?

(Specify type of place)
 While at work 9. H. Heeling (e) Means of injury
 23. Signature D. F. Heeling (M. D. or dentist)
 Address 8321 2nd Drury Date signed 7/8/48

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 Glen W. Hob

Licensed Embalmer No. 3737

P.O. Address 2161 E. Fair

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.