

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 9 1948
318

8283

Registration District No. _____

Primary Registration District No. 1003

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:
St. Lukes Hospital 17
(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 _____

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

(d) Street No. 6 5204 Minerva Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Bertha Himmelmann

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1948 hour 10 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex female / 5. Color or race white / 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Oscar V. Himmelmann 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct. 20 1896
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Pine Oil Disinfectant *Duration*
2. Carcinomatosis
Self administered at home

Due to 5203 Minerva Ave. on
Sept 20, 1948 at about 4:00 P.M.

Due to Suicide while suffering
from temporary insanity

Other conditions: alcoholism
(Include pregnancy within 3 months of death)

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

51 11 0 hr. _____ min.

9. Birthplace St. Louis Mo. 17
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Borchers

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Nagel

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Himmelmann

(b) Address 5204 Minerva Ave.

17. (a) burial (b) Date thereof 9-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens

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

(b) Address 1905 b Union Blvd.

19. (a) SEP 22 1948 (b) J. F. Bresser
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy 102

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 1

23. Signature [Signature] (M. D. or other) 2

Date signed 9/21/48

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

300
0-47
7-39
3908

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 *Warren A. Carver*

Licensed Embalmer No. *3534*

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.