

43201

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 04714
Registrar's No. 04714

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) Overland | | c. CITY (If outside corporate limits, write RURAL and give township) Overland | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 9810 St. Charles Rd. | | d. STREET ADDRESS (If rural, give location) Box 581A Long Drive | |
| 3. NAME OF DECEASED a. (First) William | | b. (Middle) Frank | |
| c. (Last) Hemp | | 4. DATE OF DEATH (Month) (Day) (Year) 12) 16) 49 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 4) 28) 1902 |
| 9. AGE (In years last birthday) 46 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic | 11. BIRTHPLACE (State or foreign country) Bowling Green Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Joseph Hemp | |
| 13b. MOTHER'S MAIDEN NAME Bertha Butler | | 14. NAME OF HUSBAND OR WIFE Margaret Hemp | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 492 05 9487 | |
| 17. INFORMANT'S SIGNATURE OR NAME Margaret Hemp | | ADDRESS Box 581A Long Dr/ | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-inflicted gunshot wound of left side of head, suffered in office of filling station & parking lot. | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | MEDICAL CERTIFICATION | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 976X | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Used car office | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Overland, St. Louis, Mo. | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 17 49 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? See above | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23. SIGNATURE Ernest J. Williamson | | 23b. ADDRESS Clayton, Mo. | |
| 23c. DATE SIGNED 12/19/49 | | (Degree or title) Coroner | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12) 19) 49 | 24c. NAME OF CEMETERY OR CREMATORY Middle Town Cemetery | 24d. LOCATION (City, town, or county) (State) Middletown Mo. |
| DATE REC'D BY LOCAL REG. 12-19-49 | REGISTRAR'S SIGNATURE Herbert R. Dombke | 25. FUNERAL DIRECTOR'S SIGNATURE Callers Funeral Home 10123 St. Charles Rd. | |

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

S. No. 300
V. 10.48
96
B

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Sheldon Collier.....

Licensed Embalmer No. 3382.....

P. O. Address 10123 St. Charles Rd.....

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.