S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1950

State File No. 22274

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3062 Registrar's No. 1569

1. PLACE OF DEATH
a. COUNTY: Saint Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brentwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2240 St. Clair Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brentwood 0571
d. STREET ADDRESS (If rural, give location): 2240 St. Clair Avenue 0

3. NAME OF DECEASED (Type or Print)
a. (First): Frederick
b. (Middle): Carl
c. (Last): Herminghaus

4. DATE OF DEATH (Month) June (Day) 23, (Year) 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: May 22, 1878
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 1, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Christian Scientist
10b. KIND OF BUSINESS OR INDUSTRY: Practitioner
11. BIRTHPLACE (State or foreign country): Saint Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Herman Herminghaus
13b. MOTHER'S MAIDEN NAME: Agnes Brandt
14. NAME OF HUSBAND OR WIFE: Louise Bersche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Earl Herminghaus ADDRESS: 6651 Mardel St. Louis

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastasis to Liver and stomach — 6 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: no operation 155X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-26, 1950, *to* 6-23, 1950, *that I last saw the deceased alive on* 6-23, 1950, *and that death occurred at* 6:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jm T. Norton (Degree or title) M.D. 0
23b. ADDRESS: 634 N. Grand Mo. Theatre Bldg.
23c. DATE SIGNED: 6-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 6-25-50
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Chapel
24d. LOCATION (City, town, or county) (State): Saint Louis County, Mo.

DATE REC'D BY LOCAL REG.: 6-26-50
REGISTRAR'S SIGNATURE: Herbert E. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: Ambruster Mortuary ADDRESS: 6633 Clayton Rd.

(Licensed Embalmer's Statement on Reverse Side)

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

4001

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 Ernest W. Spellars

Licensed Embalmer No. 4080

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.