

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38638

State File No.
Registrar's No. **9452**

FILED NOV 17 1950

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|--|-------------------------------|--|--|--|--|--|----------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1008 | | Registrar's No. 9452 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2119 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2408a Bacon St. | | | | d. STREET ADDRESS (If rural, give location) 2408a Bacon St. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Bernard b. (Middle) J. c. (Last) Huemmler | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 6 1950 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 22, 1881 | | 9. AGE (In years last birthday) 69 | # UNDER 1 YEAR Months 3 Days 14 | # UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME Bernard J. Huemmler | | | 13b. MOTHER'S MAIDEN NAME Clara Weber | | 14. NAME OF HUSBAND OR WIFE Mary Blake Huemmler | | |
| 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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Huemmler 2408a Bacon | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis + Myocardial Degeneration ANTECEDENT CAUSES DUE TO (b) Atherosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 1 year 4 years 1 year | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR Med X | | | |
| 22. I hereby certify that I attended the deceased from May 13, 1948 , to Nov. 6, 1950 , that I last saw the deceased alive on Nov. 6, 1950 , and that death occurred at 8:33pm , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Joseph Lehman, M.D. (Degree or title) | | | | 23b. ADDRESS 2408a Bacon Blvd. St. Louis, Mo | | 23c. DATE SIGNED Nov. 7, 1950 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov. 8, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. NOV 7 1950 | | REGISTRAR'S SIGNATURE J.B. Lasater | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gullinane Bros. 3320 N. Kingshighway | | | |

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

NOV 7 1950

(Licensed Embalmer's Statement on Reverse Side)

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 *Fred Frick*

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.