S. No. 300
. 10.48

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38691

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10052

1. PLACE OF DEATH
a. COUNTY ~~St Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place) 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missourie Babtist Hos

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2009
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 4435 Clarence Av

3. NAME OF DECEASED (Type or Print) a. (First) Wilmer b. (Middle) S (Last) ~~Kermichle~~ KERMICLE

4. DATE OF DEATH (Month) Nov. (Day) 25 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 3 1883
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 8 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retierd Police Officer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME John W. ~~Kermichel~~ KERMICLE
13b. MOTHER'S MAIDEN NAME Mary Lenz
14. NAME OF HUSBAND OR WIFE Julia ~~Kermichel~~ KERMICLE

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 500-32-6961
17. INFORMANT'S SIGNATURE OR NAME Julia ~~Kermichel~~ KERMICLE ADDRESS 4435 Clarence Ave

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) Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: a few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertrophied Prostate with obstruction — 7 or 8 yrs
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 Nov 24 '50
19b. MAJOR FINDINGS OF OPERATION Hypertrophied Prostate with 2 quarts residual urine
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? 610X

22. *I hereby certify that I attended the deceased from* Nov 16, 1950, *to* Nov 25, 1950, *that I last saw the deceased alive on* Nov 24, 1950, *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE C. C. Bradford (Degree or title) MD
23b. ADDRESS 958 Arcade Bldg
23c. DATE SIGNED Nov 27 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 28
24c. NAME OF CEMETERY OR CREMATORY Friedens
24d. LOCATION (City, town, or county) St. Louis (State) Mo.

DATE REC'D BY LOCAL REG. NOV 27 1950
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Buckholz Roeller 5967 W. Florissant ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed William G Buchholz

Signed.....
Student Embalmer

Licensed Embalmer No. 2110

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 38691/50
Local Registrar's No. 10052

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Wilmer S. Kermicle died ~~XXXX~~ 11-25-1950, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Wilmer S. Kermicle
Instead of Wilmer S. Kermichle

Item No. 13a should read John W. Kermicle
Instead of

Item No. 14 should read Julia Kermicle
Instead of

Item No. 17 should read Julia Kermicle
Instead of

Item No. ..... should read .....
Instead of

Item No. ..... should read .....
Instead of

Item No. ..... should read .....
Instead of

Item No. ..... should read .....
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Fun. Dir.
Relationship.

5967 W. Florissant
Present Address.

Subscribed and sworn to before me this 11 day of Jan., 1951

My Commission expires 3-4-53 Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—4-43
I X36667