

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11776

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>109</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>Callaway</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>			
c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maplewood</u>		d. STREET ADDRESS (If rural, give location) <u>7703 Jerome</u>		<u>4524</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>7703 Jerome</u>					
3. NAME OF DECEASED			4. DATE OF DEATH						
a. (First) <u>Anton</u>		b. (Middle) <u>Hermes</u>		c. (Last) <u>Hermes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 20, 1868</u>			
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>		IF UNDER 24 HRS. Hours <u>24</u> Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>			11. BIRTHPLACE (State or foreign country) <u>Germany</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>D.K.</u>		13b. MOTHER'S MAIDEN NAME <u>D.K.</u>		14. NAME OF HUSBAND OR WIFE <u>D.K.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records; State Hospital No. 1</u>			ADDRESS <u>Fulton, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured right hip</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>89030</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>21</u>	
DUE TO (b) <u>Senile dementia</u>				DUE TO (c) <u>Shock</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Hosp. No. 1</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1 Fulton Callaway Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 7, 1951⁷ m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell out of bed</u>		22. I hereby certify that I attended the deceased from <u>April 7, 1951</u> , to <u>April 14, 1951</u> , that I last saw the deceased alive on <u>April 14, 1951</u> , and that death occurred at <u>7:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. J. Miller</u>			(Degree or title) <u>M.D.</u>			23b. ADDRESS <u>State Hospital No. 1</u>		23c. DATE SIGNED <u>7/14/51</u>	
24a. BURIAL, CREMATION, REMOVAL, ETC. <u>Removal</u>		24b. DATE <u>Apr-16-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>New Berlin Ill</u>			
DATE REC'D BY LOCAL REG. <u>April-15-1951</u>		REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Miller</u>		ADDRESS <u>Beumann Brothers Inc Overland mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

143
2

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 23 1951

RECEIVED

APR 26 1951

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.

Earl F. Hillman

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. 3501

P. O. Address Overland 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.