

## STANDARD CERTIFICATE OF DEATH

State File No. 18158  
4854

Registrar's No. 4854

FILED JUN 5 1951

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

3

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

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 township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2159	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5000 Pennsylvania Ave.		d. STREET ADDRESS (If rural, give location) 2808a Osage St. 5	
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) W. c. (Last) Hembree		4. DATE OF DEATH (Month) (Day) (Year) May 21, 1951.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 24, 1886
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prison Guard	11. BIRTHPLACE (State or foreign country) Knoxville, Tenne.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George Hembree	
13b. MOTHER'S MAIDEN NAME Safrona Balew		14. NAME OF HUSBAND OR WIFE Catherine Hembree (nee Gerst)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes.		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Catherine Hembree		ADDRESS 2808a Osage St.	
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) Myocardial infarction, acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psoriasis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? H201			
22. I hereby certify that I attended the deceased from Feb. 1950, to May 21, 1951, that I last saw the deceased alive on May 21, 1951, and that death occurred at 9:30 P.m., from the causes and on the date stated above.			
23a. SIGNATURE J. B. Laester		23b. ADDRESS 16 Hampton Village Ct.	
23c. DATE SIGNED 5/22/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-24-51	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE RECEIVED BY LOCAL HEALTH DEPT. & REG. MAY 24 1951		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary 2842 Meramec St.	

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18, Mo.

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*Handwritten scribbles and illegible text at the top of the page.*

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed

*Joe B. Benz*  
4249

Signed.....  
Student Embalmer

Licensed Embalmer No. ....  
2842 Meramec St.  
P. O. Address: St. Louis, 18, Missouri

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.