

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21253

318

1003

State File No.

5114

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.			
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 Saint Louis		c. LENGTH OF STAY (If in this place) 1 Week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2119							
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Johns Hospital				d. STREET ADDRESS (If rural, give location) 3625 Aldine Avenue, 18. 0							
3. NAME OF DECEASED a. (First) Robert			b. (Middle) L.			c. (Last) Hemmer			4. DATE OF DEATH (Month) (Day) (Year) June 1st, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Aug. 28th, 1945		9. AGE (In years last birthday) 5	# UNDER 1 YEAR Months _____	# UNDER 4 HRS. Days _____	# UNDER 24 HRS. Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Student			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Raymond P. Hemmer			13b. MOTHER'S MAIDEN NAME Marie E. Manthey			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) No		(If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Raymond P. Hemmer, 3625 Aldine Avenue, 18					
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) Acute lymphocytic leukemia								INTERVAL BETWEEN ONSET AND DEATH 5 months		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) none										
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none										
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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? 20 ft. 0							
22. I hereby certify that I attended the deceased from July 1, 1951 , to June 1, 1951 , that I last saw the deceased alive on May 31, 1951 , and that death occurred at 11:30 a.m. , from the causes and on the date stated above.											
23a. SIGNATURE Edward H. Reinhard M.D.					23b. ADDRESS 6005 Kingshighway Blvd.			23c. DATE SIGNED June 2, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/4/51		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) St. Louis County, Missouri			(State) _____		
DATE REC'D BY LOCAL REG. JUN 4 1951		REGISTRAR'S SIGNATURE J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE Garvin F. Feats, 4828 Natural Bridge Blvd.						

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.....
Student Embalmer

Signed.....

Licensed Embalmer No. 4275

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.