No. 300
10-48

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

XC-1 441 951
Reg. # 100,040
FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11393

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 465

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ADDIEVILLE 8120
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): H.
c. (Last): HERMELING

4. DATE OF DEATH (Month) (Day) (Year): 2-20-52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 8-14-95
9. AGE (In years last birthday): 56 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: ____
11. BIRTHPLACE (State or foreign country): WASHINGTON COUNTY, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM HERMELING
13b. MOTHER'S MAIDEN NAME: ANNA SLACKLERY
14. NAME OF HUSBAND OR WIFE: CLARA HERMELING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS, JEFF. BKS, MO.

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) MAIN PULMONARY ARTERIES, BILATERAL, EMBOLI.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) THROMBI AND VEINS OF BOTH LOWER EXTREMITIES

DUE TO (c) FRACTURED FEMORA, BILATERAL

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* E8259 33

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 912
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY
21c. (CITY, TOWN, OR TOWNSHIP) (near) HILLSBORO (COUNTY) MONTGOMERY (STATE) ILLINOIS

21d. TIME OF INJURY (Month) 1 (Day) 21 (Year) 52 (Hour) ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? AUTOMOBILE ACCIDENT

22. *I hereby certify that I attended the deceased from* 2-13-52 VA *19*___, *to* 2-20-52, *19*___, ~~that I last saw the deceased alive on~~ ~~XXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 6:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE M. H. Fellers (Degree or title) M.D.
23b. ADDRESS: VA HOSPITAL, JEFF. BRKS, MO.
23c. DATE SIGNED: 2-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: ___
24c. NAME OF CEMETERY OR CREMATORY: ___
24d. LOCATION (City, town, or county) (State): NASHVILLE, ILLINOIS

DATE REC'D BY LOCAL REG.: 2-21-52
REGISTRAR'S SIGNATURE: Herbert R. Drinkle MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: ROBERT M. SMITH FUNERAL HOME, Nashville, Ill
(Licensed Embalmer's Statement on Reverse Side)

SW

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 John Zetter

Licensed Embalmer No. 3880

P. O. Address.....

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.