

FILED MAY 1 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14402

318

1003

State File No.

3642

BIRTH NO. 24804 REG. DIST. NO. PRIMARY REG. DIST. 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 town) St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2089

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital

d. STREET ADDRESS (If rural, give location) 954 Elias Ave

3. NAME OF DECEASED
a. (First) George Francis b. (Middle) Ikemeier c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) April 16th, 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH April 12th 1952

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Francis Ikemeier

13b. MOTHER'S MAIDEN NAME Elizabeth Riska

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. -----

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis Ikemeier, 954 Elias 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Erythroblastosis Fetalis
DUE TO (b) -----
DUE TO (c) -----
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
12 hr
Birth

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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? 770.0

22. I hereby certify that I attended the deceased from April 14, 1952, to April 16, 1952, that I last saw the deceased alive on 3rd Apr, 1952, and that death occurred at 3:45 Am., from the causes and on the date stated above.

23a. SIGNATURE Devo Stephens (Degree or title) -----

23b. ADDRESS 3784 Swanhoe

23c. DATE SIGNED 4-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 4/17/52

24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. APR 17 1952

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home, 8319 Hallsferry

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Eleanore Poince

Licensed Embalmer No. 3403

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.