

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29612
Registrar's No. 7452

AUG 23 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI 2239 b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 29	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1807 CALIFORNIA		d. STREET ADDRESS (If rural, give location) 1807 CALIFORNIA AV.	
3. NAME OF DECEASED (Type or Print) a. (First) HELEN b. (Middle) M. c. (Last) IMMETHUN.		4. DATE OF DEATH (Month) (Day) (Year) Aug-3-52	
5. SEX FE.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Oct-8-1897
9. AGE (In years last birthday) 54 YRS		10. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) LA FAYETTE INDIANA
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) HOUSEWIFE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HERMAN APER		13b. MOTHER'S MAIDEN NAME ANNA Unknown	
14. NAME OF HUSBAND OR WIFE LOUIS H. IMMETHUN.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Louis H. Immethun	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism INTERVAL BETWEEN ONSET AND DEATH 5 minutes ANTECEDENT CAUSES DUE TO (b) Cardiac De-compensation 1 yr DUE TO (c) Hypertensive heart disease 7 yrs 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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., to 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 443X			
22. I hereby certify that I attended the deceased from Dec 12, 1948, to Aug. 2, 1952, that I last saw the deceased alive on Aug 2, 1952, and that death occurred at 12:45 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Dr. A. Seib		23b. ADDRESS 2323 Lafayette St.	
23c. DATE SIGNED 8/3/52			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL		24b. DATE Aug-6-52	
24c. NAME OF CEMETERY OR CREMATORY BREESE CEMETERY		24d. LOCATION (City, town, or county) (State) BREESE ILLINOIS	
25. FUNERAL DIRECTOR'S SIGNATURE J. Earl Smith M.D.		ADDRESS E. V. SCHNUR 3125 LA FAYETTE AV.	

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 _____

Jose B. Ballmer

Licensed Embalmer No. 4014

P. O. Address 3125 La Fayette

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.