

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44879

State File No. 12006

| | | | | |
|--|---|---|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>318</u> | PRIMARY REG. DIST. NO. <u>1003</u> | Registrar's No. <u>12006</u> |
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> | | a. STATE <u>MO.</u> b. COUNTY | | |
| c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> <u>2189</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3420 CAROLINE ST</u> | | d. STREET ADDRESS (If rural, give location) <u>18 3420 CAROLINE ST</u> | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>ESTHER</u> | b. (Middle) <u>HERMELING</u> | c. (Last) |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-27-52</u> | | | | |
| 5. SEX <u>FE.</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | 8. DATE OF BIRTH <u>JULY-2-1894</u> | 9. AGE (In years last birthday) <u>58</u> 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) <u>Housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>own</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>LOGANSPORT INDIANA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>WILLIAM DUNN</u> | | 13b. MOTHER'S MAIDEN NAME <u>ANNA GROF</u> | | 14. NAME OF HUSBAND OR WIFE <u>JOHN C. HERMELING</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John C. Hermeling 3420 Caroline</u> |
| 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) <u>Rupture of Rt Ventricle</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarcts</u> <u>several- old</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --- | | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>5 yrs</u> <u>unknown</u> --- |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION ----- | | 20. AUTOPSY? YES <input checked="" 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? <u>4201</u> |
| 22. I hereby certify that I attended the deceased from <u>11/1/</u> , 19 <u>47</u> , to <u>Dec. 27,</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12/15/</u> , 19 <u>52</u> , and that death occurred at <u>3:15 P</u> m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) <u>Yeasottier MD</u> | | 23b. ADDRESS <u>457 N. Kingshighway,</u> | | 23c. DATE SIGNED <u>12/29/52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u> | | 24b. DATE <u>DEC-30-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI</u> |
| 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schurer 3125 Lafayette Ave</u> | | |
| DATE REC'D BY LOCAL REG. <u>DEC 29 1952</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> | | |

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

John B. Hollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 1/2 St. N. W.*

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.