

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7251**

no. 300
no. 48

FILED FEB 24 1953

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

BIRTH NO. _____		REG. DIST. NO. 306		PRIMARY REG. DIST. NO. 6048		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY St Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon		c. LENGTH OF STAY (in this place) 1 1/2 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Josephville		0920	
d. FULL NAME OF HOSPITAL OR INSTITUTION Roeper Nursing Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) _____ c. (Last) Hemmer			4. DATE OF DEATH (Month) (Day) (Year) Feb 16 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 24-1886	
9. AGE (In years last birthday) 66		10. MONTHS 7		11. DAYS 23		IF UNDER 1 YEAR IF UNDER 2 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home Duties		11. BIRTHPLACE (State or foreign country) Dardenne Mo	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Chas Freymuth			13b. MOTHER'S MAIDEN NAME Rosie Mintrop			14. NAME OF HUSBAND OR WIFE Deceased Bernard Hemmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Bernice Nacker ADDRESS St Charles 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular arteriosclerosis DUE TO (c) Cerebral Hemorrhage Rt? II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) #1		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 10, 1952 , to Feb 16, 1953 , that I last saw the deceased alive on Feb 16, 1953 , and that death occurred at 6:40 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George R. Leszki MD			23b. ADDRESS O'Fallon Mo			23c. DATE SIGNED Feb 18 53	
24a. BURIAL/CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-19-53		24c. NAME OF CEMETERY OR CREMATORY St Joseph		24d. LOCATION (City, town, or county) (State) Josephville Mo	
DATE REC'D BY LOCAL REG. Feb 18 - 53		REGISTRAR'S SIGNATURE E. A. Keating		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. E. Pittman Funeral Home Wentzville Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 *Annetta M. Titman*

Licensed Embalmer No. *3055*

P. O. Address *Open Hills N*

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.