

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**33390**

State File No. ....

No. 300  
10.48

**FILED OCT 15 1953**

**318**

**1003**

**8788**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
c. LENGTH OF STAY (in this place)		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2266 Missouri Av.</i>		d. STREET ADDRESS (If rural, give location) <i>2266 Missouri Av.</i>	

<b>3. NAME OF DECEASED</b> (Type or Print) (First) (Middle) (Last) <i>Peter Paul Hermansdoerfer</i>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <i>Sept. 8 1953</i>		
<b>5. SEX</b> <i>Male</i>		<b>6. COLOR OR RACE</b> <i>White</i>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <i>Married</i>	
<b>8. DATE OF BIRTH</b> <i>Mar. 11 1885</i>		<b>9. AGE</b> (In years last birthday) <i>68</i>		<b># UNDER 1 YEAR</b> Months Days	
<b># UNDER 100 HRS.</b> Hours Min.					

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>Freight Handler</i>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <i>Anfuser-Busch</i>		<b>11. BIRTHPLACE</b> (State or foreign country) <i>St. Louis Mo.</i>	
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <i>U.S.A.</i>	

<b>13a. FATHER'S NAME</b> <i>Unknown Hermansdoerfer</i>		<b>13b. MOTHER'S MAIDEN NAME</b> <i>Unknown</i>		<b>14. NAME OF HUSBAND OR WIFE</b> <i>Rose Hermansdoerfer</i>	
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		<b>16. SOCIAL SECURITY NO.</b> <i>490-01-8456</i>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <i>Rose Hermansdoerfer 2266 Mo. Av.</i>	
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<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <i>1 year</i>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Chronic Myocarditis</i>					
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.					

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION*</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <i>422.2</i>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from** *July 28, 1953, to 4-8, 1953*, that I last saw the deceased alive on *9-8, 1953*, and that death occurred at *12 p.* m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <i>W. H. Smith</i>		<b>(Degree or title)</b> <i>MD</i>		<b>23b. ADDRESS</b> <i>2884 02 Calver</i>		<b>23c. DATE SIGNED</b> <i>9-10-53</i>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <i>Cremation</i>		<b>24b. DATE</b> <i>9-11-1953</i>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <i>Mo. Crematory</i>		<b>24d. LOCATION</b> (City, town, or county) (State) <i>St. Louis Mo.</i>	
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<b>DATE REC'D BY LOCAL</b> <b>SEP 10 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>W. H. Smith</i>		<b>ADDRESS</b> <i>Bro. &amp; W. Co. 2929 S. Jefferson</i>	
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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 J. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 Jefferson

**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.