

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10637

State File No.

BIRTH NO. FILED MAR 23 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 345 Registrar's No. 584

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Maplewood		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY OR TOWN Maplewood	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7565 Woodland Ave.		e. STREET ADDRESS (If rural, give location) 7565 Woodland Ave.			

3. NAME OF DECEASED (Type or Print) FRED C. HIMMER			4. DATE OF DEATH (Month) (Day) (Year) Mar. 5, 1954		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-16-1894	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 11	IF UNDER 14 HRS. Days 19	Hour 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker	10b. KIND OF BUSINESS OR INDUSTRY Steel	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Himmer	13b. MOTHER'S MAIDEN NAME Margaret Grunemeyer	14. NAME OF HUSBAND OR WIFE Anna M. Himmer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Anna M. Himmer, above	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) ---	

19a. DATE OF OPERATION ---	19b. MAJOR FINDINGS OF OPERATION ---	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) ---
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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? ---
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22. I hereby certify that I attended the deceased from **2/5**, 19**54**, to **3/5/54**, 19**54**, that I last saw the deceased alive on **3/5**, 19**54**, and that death occurred at **12:15 PM** from the causes and on the date stated above.

23a. SIGNATURE B. B. Remann	(Degree or title) MD	23b. ADDRESS 2901 Big Bend Rd.	23c. DATE SIGNED ---
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-8-54	24c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	24d. LOCATION (City, town, or county) (State) Fenton, Mo.
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DATE REC'D BY LOCAL REG. 3/7/54	REGISTRAR'S SIGNATURE Richard H. Smith, MD	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, Maplewood, Mo.	ADDRESS ---
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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.....
Signature of Student Embalmer

Signed..... *J. E. Burgess*
Licensed Embalmer No. *402*
P. O. Address *Maple*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.