No. 300
10-48

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24136

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Dardene
c. LENGTH OF STAY (In this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) In Ambulance Dardene Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Dardene 0920
d. STREET ADDRESS (If rural, give location) Rural West of OFallion

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Henry c. (Last) Hemmer
4. DATE OF DEATH (Month) (Day) (Year) July 17 1954
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH April 23, 1929
9. AGE (In years last birthday) 25 IF UNDER 1 YEAR Months 2 Days 25 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Common Laborer
11. BIRTHPLACE (City and State or Foreign Country) OFallon, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Fred Hemmer
13b. MOTHER'S MAIDEN NAME Genevieve Amptman
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Korean War
16. SOCIAL SECURITY NO. 492-34-9436
17. INFORMANT'S SIGNATURE OR NAME Fred Hemmer ADDRESS Ofallon R.R.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull suffered in a

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) two (2) car automobile

DUE TO (c) accident

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* E8164 026

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) 092 (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

Held and Inquest on July 17, 1954

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Marion Musgrave Coroner (Degree or title)
23b. ADDRESS Wentzville Missouri
23c. DATE SIGNED July 17, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July ~~April~~ 20-54
24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception Cemetery
24d. LOCATION (City, town, or county) Dardene (State) Mo.

DATE REC'D BY LOCAL REG. July 19-54
REGISTRAR'S SIGNATURE E. A. Keithley
25. FUNERAL DIRECTOR'S SIGNATURE T. B. Pitman Funeral Home ADDRESS Wentzville Mo
(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 19

JUL 30 19

JUL 29 1954

AUG 5 1954

SEP 15 1954

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

Carlton J. Pitman, Student Embalmer No. 497,

working under my personal supervision.

Student Carlton J. Pitman
Student Embalmer

Signed Annetta M. Pitman

Licensed Embalmer No. 3055

P. O. Address West Granville

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.