

XC-

Reg. #13558

SL #8566 FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

PRIMARY REG. DIST. NO.

1003

State File No.

2762

Registrar's No.

385

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

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 town) **915 N. Grand, St. Louis, Mo.**

c. LENGTH OF STAY (in this place) **1 day**

c. CITY OR TOWN

Spanish Lake

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSP.**

e. STREET ADDRESS

12425 Spanish Pond Road

3. NAME OF DECEASED

a. (First)

WILLIAM

b. (Middle)

c. (Last)

HERMSMEYER

4. DATE OF DEATH (Month) (Day) (Year)
January 10, 1956

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Never Married

8. DATE OF BIRTH

1/31/95

9. AGE (in years, last birthday) **60**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME

Henry Hermsmeyer

13b. MOTHER'S MAIDEN NAME

Katherine Rose

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes**

WW-1

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

VA Hosp. Records, St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cardiac Hypertrophy with Congestive Heart Failure**

INTERVAL BETWEEN ONSET AND DEATH
Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Pulmonary Edema, Bilateral, Marked Hydrothorax, Bilateral**

Unknown

DUE TO (c) **Passive Congestion Liver & Spleen**

Unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Off James M Kelly Deputy Coroner

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

1-12-56

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) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **VA**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

4343

22. I hereby certify that I attended the deceased from **1/10**, 19 **56**, to **1/10**, 1956, and that death occurred at **11:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. T. Kaminski** (Degree or title)

23b. ADDRESS **VAH, 915 N. Grand, St. Louis, Mo.**

23c. DATE SIGNED **1-12-56**

24a. BURIAL, CREMATION, OR REMOVAL (Specify)

24b. DATE **1/13/56**

24c. NAME OF CEMETERY OR CREMATORY **National**

24d. LOCATION (City, town, or county) (State) **Jeff. Bks. MO**

DATE REC'D BY LOCAL REG. **JAN 12 1956**

REGISTRAR'S SIGNATURE **J. C. Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Edward Fendler 5611 S Grand**

mxb (Licensed Embalmer's Statement on Reverse Side)

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 *Bull C. Dranson*

Licensed Embalmer No. *476*

P. O. Address *St Louis*

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.