

XC 2391881
REG. 16605 SL 8447

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18002**
Registrar's No. **5351**

BIRTH **FILED JUN 14 1956** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (In this place) 7 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 7111 Pennsylvania		20190	
3. NAME OF DECEASED (Type or Print) a. (First) Conrad b. (Middle) J. c. (Last) Hemker			4. DATE OF DEATH (Month) (Day) (Year) 6-3-56
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-12-81
9. AGE (In years, last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Postal Carrier	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Postal Carrier		10b. KIND OF BUSINESS OR INDUSTRY U.S. POST OFFICE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Casper Hemker		13b. MOTHER'S MAIDEN NAME Mary Schulte	14. NAME OF HUSBAND OR WIFE Agnes Hemker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes SPAW		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, 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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive cerebral infarction * ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Embolism from mural thrombosis of left ventricle DUE TO (c) Myocardial infarction II. OTHER SIGNIFICANT CONDITIONS Multiple small pulmonary infarcts Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201 332*	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) (Minute) VA		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 5-27 , 19 56 , to 6-3 , 19 56 , and that death occurred at 4:00p m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) David E. Morton M.D.		23b. ADDRESS VAH, ST. LOUIS, MO.	
23c. DATE SIGNED 6-3-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-7-56	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG. JUN 4 1956		REGISTRAR'S SIGNATURE Edw. Fendler	
25. FUNERAL DIRECTOR'S SIGNATURE Edw. Fendler, 5611 S. Grand, St. Louis, Mo.		ADDRESS	

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.....
Ben E. Johnson

Licensed Embalmer No. *4*

P. O. Address.....
Sojourner

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.