

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18003

State File No. _____

41571-56
FILED JUN 11 1956

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4376

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 OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS 4810	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY Hosp.		e. STREET ADDRESS (If rural, give location) 4674 NANOVER	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT G. b. (Middle) HEM. PEN c. (Last) HEM. PEN			4. DATE OF DEATH (Month) 5 (Day) 3 (Year) 1956		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8. DATE OF BIRTH 5-3-1956		9. AGE (in years last birthday) 1 YEAR 3 Days		IF UNDER 1 YEAR: Hours 2	
10a. USUAL OCCUPATION (Give kind of work done during most of adult life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME GILBERT B. Hempen		13b. MOTHER'S MAIDEN NAME LAVERN B. LEROY		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Robert B. Hempen ADDRESS 4674 Nanover	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysestosis fetalis		DUPLICATE (b) RN factor sensitivity		Congenital	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION: 770.0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) m.		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 Birth 5/3, 1956, to 5/3, 1956, that I last saw the deceased alive on 5/3, 1956, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Infir Stawa M.D.</i>		23b. ADDRESS 3804 Wilmington Ave		23c. DATE SIGNED 5/4/56	
24. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		24b. DATE 5-4-56		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.	
24d. CITY, TOWN, OR COUNTY St. Louis Co., Mo.		24e. STATE (State)			

DATE REC'D BY LOCAL REG. MAY 4 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE (Name) 3804 S Grand Blvd	
				ADDRESS	

S.P. (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 *Not Embalmed*
Geo. H. Bernhardt Jr
Licensed Embalmer No. *46*

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.