

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24915

State File No. ....

FILED JUL 20 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5815

|   |                                  |  |   |   |  |  |  |
|---|----------------------------------|--|---|---|--|--|--|
| BIRTH NO. _____   |                                  | REG. DIST. NO. _____   |   | PRIMARY REG. DIST. NO. _____  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                                  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |  |  |  |
| d. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>  |                                  | c. LENGTH OF STAY (in this place)<br>township) <b>2 Hrs.</b>   |   | c. CITY OR TOWN <b>St. Louis</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>  |                                  |  |   | • STREET ADDRESS (If rural, give location)<br><b>24 3244 Texas ave. 22490</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |                                  | a. (First) <b>William</b>  |   | b. (Middle) <b>V.</b>   |  | c. (Last) <b>DeMiere</b>   |  |
| 4. DATE OF DEATH  |                                  | (Month) <b>June</b>  |   | (Day) <b>18,</b>  |  | (Year) <b>1956</b>   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   |   | 8. DATE OF BIRTH<br><b>June 14, 1872</b>  |  | 9. AGE (In years last birthday)<br><b>84</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Machinist-Retired</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Tool Maker</b>   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Iron Mountain, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>Joseph DeMiere</b>   |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Lovina</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>497-09-0624A</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Marcus L. Butts 3736 Connecticut St.</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>years</b>   |  |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><b>422.2</b>   |   |   |  | 20. AUTOPSY?<br>YES <input 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)<br><b>6-11-56</b>   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR?<br><b>50 6-11-56</b>   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>June 14, 1956</b> , to <b>June 11, 1956</b> that I last saw the deceased alive on <b>June 14, 1956</b> , and that death occurred at <b>12.55 am</b> from the causes and on the date stated above <b>6-18-56</b> |                                  |  |   |   |  |  |  |
| 23a. SIGNATURE<br><b>Royal T. Tibe</b>  |                                  | (Degree or title)<br><b>M.D.</b>   |   | 23b. ADDRESS<br><b>7110 Michigan</b>  |  | 23c. DATE SIGNED<br><b>6/18/56</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |                                  | 24b. DATE<br><b>June 20, 1956</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Bonne Terre Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>Bonne Terre, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>JUN 19 1956</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith</b>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>C. Hoffmeister U. &amp; L. Co. 7814 S. Broadway</b>                                    |  |  |  |

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 *Louis C. Hoffmann*.....

Licensed Embalmer No. 387  
P. O. Address 7814 S. ...

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.