

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28554**  
Registrator's No. **6910**

FILED SEP 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

|   |                                   |  |   |  |  |
|---|-----------------------------------|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Missouri</b>  |                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> |  |  |
| b. 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><b>4M 1da</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<br><b>Chronic Hospital</b>  |                                   |  | a. STREET ADDRESS (If rural, give location)<br><b>24 3725a California Ave.</b>                                    |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Mary (Mayme)</b>  |                                   |  | a. (First)  | b. (Middle)  | c. (Last) <b>Himmler</b>   |
| 4. DATE OF DEATH<br><b>7/24/56</b>  |                                   |  | 4. DATE OF DEATH (Month) (Day) (Year)   |  |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>     | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>                                    | 8. DATE OF BIRTH <b>7/19/81</b>   | 9. AGE (In years last birthday) <b>75</b>  | IF UNDER 1 YEAR Days   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>   | 10b. KIND OF BUSINESS OR INDUSTRY |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>                                     |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>Herman Spieckerman</b>   |                                   | 13b. MOTHER'S MAIDEN NAME<br><b>Emma Stark</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Late Walter Himmler</b>                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |                                   | 16. SOCIAL SECURITY NO. <b>none</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mildred Lenza, 5429 Bates 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, asthenia, etc. It means the disease, injury, or complication which caused death.                        |                                   |  | MEDICAL CERTIFICATION   |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Ht. Disease</b>  |                                   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 yrs</b>  |  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____   |                                   |  |   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Vascular Dis</b>  |                                   |  | <b>2 yrs</b>  |  |  |
| 19a. DATE OF OPERATION  |                                   | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)   |                                   | 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 <b>3/23/1956</b> , to <b>7/24</b> , 1956, that I last saw the deceased alive on <b>7/24</b> , 1956, and that death occurred at <b>6:45 P. m.</b> , from the causes and on the date stated above. |                                   |  |   |  |  |
| 23a. SIGNATURE (Degree or title)<br><i>[Signature]</i>  |                                   |  | 23b. ADDRESS<br><b>5600 Arsenal Street</b>  |  | 23c. DATE SIGNED<br><b>7/24/56</b>   |
| 24a. BURIAL CREMATION REMOVAL (Specify)<br><b>Removal</b>   | 24b. DATE<br><b>7-27-56</b>       | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Laurel Hill Cemetery</b>                                      |   | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b>                 |  |
| DATE REC'D BY LOCAL REG.<br><b>JUL 25 1956</b>  |                                   | REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Kriegshauser 4228 S. Kingshighway Blvd.</b> |  |

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..... *Richard W. Stover*

Licensed Embalmer No. 4007

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.