THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6318

STATE FILE NUMBER

FILED FEB 25 1957

73472-57

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1087

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. John's Hosp. — Length of stay in 1b 23	d. STREET ADDRESS (If outside, give location) 4046a Folsom Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: LARRY	Middle: GENE	Last: IMMEKUS	4. DATE OF DEATH	Month: Feb. Day: 1 Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Aug. 29, 1956	9. AGE (In years last birthday): 0	IF UNDER 1 YEAR: Months 5 Days 2 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Larry Lee Immekus			14. MOTHER'S MAIDEN NAME: Dorothy Cope		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None		16. SOCIAL SECURITY NO.: None	17. INFORMANT: Larry Lee Immekus — Address: 4046a Folsom Ave.		

Coroner 2/25/57

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Dehydration + acidosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Diarrhea — 72 hr.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 571.0

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 2-1-57, to 2-1-57 and last saw ~~her~~ him alive on 2-1-57.

Death occurred at 11:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Francis Fuch, MD	22b. ADDRESS: 634 N. Grand	22c. DATE SIGNED: 2-2-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Feb. 4, 1957	23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.
24. FUNERAL DIRECTOR: Kriegshauser — ADDRESS: 4228 S. Kingshighway	25. DATE RECD. BY LOCAL REG.: FEB 4 '57	26. REGISTRAR'S SIGNATURE: J Carl Smith MD MJB	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Dill

JC 33342

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jole Naumann.....

Licensed Embalmer No. 453

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.