

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005275

STATE FILE NUMBER

FILED FEB 24 1958

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

728

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hosp;		d. STREET ADDRESS 5026 Washington	
3. NAME OF DECEASED (Type or print) First Erwin Middle von Gemmingen Last		4. DATE OF DEATH Month Feb; Day 16, Year 1958	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 14, 1902	
9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Tampa Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hans von Gemmingen		13b. MOTHER'S MAIDEN NAME Martha Schubert	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Medullary Paralysis and Coma DUE TO (c) Drug Poisoning PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9709		INTERVAL BETWEEN ONSET AND DEATH 4-6 hrs - 8-12 hrs 12-16 hrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Drug Intoxication	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. 2-15-58			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Relative's Home	
20f. CITY, TOWN, OR LOCATION Lowry City, Mo.		COUNTY St. Clair STATE Mo.	
21. I attended the deceased from 2-15-58 to 2-16-58 and last saw him alive on 2-16-58 Death occurred at 12:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Arturo Gonzalez Do		22b. ADDRESS 616 S. Second Clinton	
22c. DATE SIGNED 2-18-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-18-58	
23c. NAME OF CEMETERY OR CREMATORY Memorial Garden		23d. LOCATION (City, town, or country) (State) Minneapolis Minnesota	
24. FUNERAL DIRECTOR Foodrich FUNERAL HOME OSCOLA MO		25. DATE RECD. BY LOCAL REG. 2-18-58	
26. REGISTRAR'S SIGNATURE Mildred Bigum			

(Licensed Embellisher's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 28 1958

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 J. B. [Signature]

Licensed Embalmer No. 3038

P. O. Address Osceola, Mo.

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.