

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009346

STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 88 Primary Registration District No. 5326 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Crawford				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 Meramec		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Maryland Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Meramec Nursing Home			Length of stay in 1b 5 1/2 yrs		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Mildred MAY Hermes				4. DATE OF DEATH Month 3 Day 13 Year 58						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1977 9-3-72		9. AGE (In years last birthday) 85 80		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Texas		12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13. FATHER'S NAME Do not know				14. MOTHER'S MAIDEN NAME SARAH Foster						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Earl Adams Address 7703 Jerpme Maplewood, Mo.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senile debility								INTERVAL BETWEEN ONSET AND DEATH 2 yrs.		
DUE TO (b) _____ DUE TO (c) _____								794X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		200. 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. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 794X		COUNTY _____ STATE _____		
21. I attended the deceased from 1956 to Feb. 1958 and last saw her ^{alive} on Feb. 18, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Dr. H. Robey DO. 2				22b. ADDRESS Steelville Mo		22c. DATE SIGNED 3/15/58				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-16-58		23c. NAME OF CEMETERY OR CREMATORY Barnicle Chapel		23d. LOCATION (City, town, or county) (State) Crawford Co. Mo.				
24. FUNERAL DIRECTOR HARRY M. JONAS			ADDRESS Steelville		25. DATE RECD. BY LOCAL REG. 3/21/58		26. REGISTRAR'S SIGNATURE Mrs. Hazel Lickius			

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION proposed by attendant 4/19/58

MAR 26 1958
APR 18 1958
JW

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.....
Robert Parker Foster

Licensed Embalmer No. *5026*

P. O. Address *Steel*

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.