

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024061

STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 312 Primary Registration District No. 547542 Registrar's No. 1754

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Carlyle	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Richmond HTS. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Carlyle 81208 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1498 Jefferson Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HERMAN BERNARD HITPAS First Middle Last		4. DATE OF DEATH July 6 1958 Month Day Year	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 14, 1886 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City, county, state or country) Effingham Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HENRY B.		14. MOTHER'S MAIDEN NAME GERTRUDE MULLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NOT AVAILABLE		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs. Gertrude Hitpas Carlyle, Ill. 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 Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) thrombosis DUE TO (c) 5371 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year 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		COUNTY STATE	
21. I attended the deceased from 1956 to July 2, 1958 and last saw her alive on July 1, 1958 . Death occurred at 11:40 a. m. on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE Willie K. Kuehl M.D. (Doctor or title)		22b. ADDRESS 4161 Duval	
22c. DATE SIGNED 7/11/58			
23a. BURIAL, CREMATION REMOVAL (Specify) None		23b. DATE 7/4/58	
23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEM.		23d. LOCATION (City, town, or county) (State) Del.	
24. FUNERAL DIRECTOR John H. Keady - East St. Louis ADDRESS		25. DATE RECD. BY LOCAL REG. 7-1-58	
26. REGISTRAR'S SIGNATURE Herbert B. Romelko			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

All symptoms will be listed. All 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

27.

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed John J. Kasey
Licensed Embalmer No. 689
P. O. Address East St. J

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.