

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045796

STATE FILE NUMBER

12743

FILED JAN 14 1959

Registration District No.

318

Primary Registration District No.

1003

Register

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>AFTON</i> <i>4827</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>FIRMIN DESLOGE HOSP</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>27 5826 HEEGE</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>RICHARD</i> Middle <i>J</i> Last <i>HERMANN</i>			4. DATE OF DEATH Month <i>DEC</i> Day <i>30</i> Year <i>1958</i>		
5. SEX <i>MALE</i> <i>0</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>MAY 21, 1933</i> <i>25</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>DRIVER-SALESMAN</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>HOTNESS CAKE Co</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>HENRY HERMANN</i>		13b. MOTHER'S MAIDEN NAME <i>PAULA CORDES</i>	
14. NAME OF HUSBAND OR WIFE <i>CAROL M</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>YES</i> <i>YES</i>			
16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>CAROL M HERMANN 5826 HEEGE</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Lymphatic Leukemia</i>					INTERVAL BETWEEN ONSET AND DEATH <i>5 months</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <i>204.3</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 _____ 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 <i>Aug 22, 1958</i> to <i>Dec 30, 1958</i> and last saw her alive on <i>Dec 30, 1958</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Ernest B. Smith, M.D.</i>		22b. ADDRESS <i>16 Hampton Village</i>		22c. DATE SIGNED <i>12/31/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>1/2/1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>SS PETER & PAUL CEM</i>	
				23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS 7027 GRAVOIS</i>			25. DATE RECD. BY LOCAL REG. <i>JAN 2 '59</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>S.P.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Graves*

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.