

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1932 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		Length of stay in 1b <b>5 days</b>	c. CITY OR TOWN <b>BARNHART, MISSOURI</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>RTE #1</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>HERBERT</b> Middle <b>H</b> Last <b>HEMME</b>			4. DATE OF DEATH Month <b>JULY</b> Day <b>18</b> Year <b>1959</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/7/05</b>	9. AGE (last birthday) <b>53 Years</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>WELDER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	11. BIRTHPLACE (City and state or country) <b>KIMMSWICK, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>ADOLEH HEMME</b>		13b. MOTHER'S MAIDEN NAME <b>CATHRINE KASSEL</b>		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) <b>YES</b> <b>WW2</b>		16. SOCIAL SECURITY NO. <b>493035866</b>	17. INFORMANT <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b> 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) <b>CONGESTIVE HEART FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 Hours</b>
DUE TO (b) <b>CORONARY THROMBOSIS</b>		<b>4 Hours</b>
DUE TO (c) <b>ARTERIOSCLEROTIC HEART DISEASE</b>		<b>2 Years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>CHRONIC LYMPHATIC LEUKEMIA</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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 _____ 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.) <b>VA</b>		20f. CITY, TOWN, OR LOCATION <b>JEFFERSON COUNTY</b>
21. I attended the deceased from <b>7/13/59</b> to <b>7/18/59</b> at <b>8:45</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>7/18/59</b>

22a. SIGNATURE <b>W. Oppler</b> (Degree or title) <b>W. OPPLER, M.D., DIRECTOR PROFESSIONAL SERVICE, VAH, JEFF. BRKS., 25, MO.</b>		22b. ADDRESS <b>Jeff. Brks., 25, Mo.</b>	22c. DATE SIGNED <b>7/18/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>July 18 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Burgess Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Imperial Mo</b>
24. FUNERAL DIRECTOR <b>HEILIGTAG *** Imperial Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-19-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

MS JUN 30 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Arthur W. Hilgert

Licensed Embalmer No. 3872

P. O. Address Imperial

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.