

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. SEP 28 1960

318

1003

9245

-60-036120
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Little Rock Hospital Inc.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3802 A Keokuk Ave	
3. NAME OF DECEASED (Type or print) First Middle Last William Emmett Gherman		4. DATE OF DEATH Month Day Year Sept. 19 1960			

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-31-1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr. Machinist		10b. KIND OF BUSINESS OR INDUSTRY Railroad Mo Pac.		11. BIRTHPLACE (City and state or country) DE SOTO, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME EDWARD GHERMAN	13b. MOTHER'S MAIDEN NAME KATHERINE WAPPLER	14. NAME OF HUSBAND OR WIFE MARIAN F. GHERMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NONE	16. SOCIAL SECURITY NO. 702-12-4326	17. INFORMANT MARIAN F. GHERMAN - 3802 A KEOKUK STR.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Cardiac Failure		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart failure	
DUE TO (c) 450-0		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paralysis agitans	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from July 10 1960 to Sept. 9 th 1960 and last saw him alive on Sept. 9, 1960

Death occurred at 5:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>[Signature]</i> M.D.	22b. ADDRESS 1755 S. Grand Blvd.	22c. DATE SIGNED SEP 20 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9-22-1960	23c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES CEM.	23d. LOCATION (City, town, or county) (State) ST LOUIS CO. Mo.
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24. FUNERAL DIRECTOR Kreigshauser Mortuary - 4228 S. KINGSHIGHWAY	25. DATE RECD. BY LOCAL REG. SEP 20 1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i> M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 William B White

Licensed Embalmer No. 4291

P. O. Address 488 S. King

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.