

AMENDED

Registered District No. **318** Primary Registration District No. **1003** Registrar's No. **6655**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri</b>		Length of stay in 1b <b>6 Weeks</b>	c. CITY OR TOWN <b>Florissant Mo.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Christian Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1535 Beta Dr.</b>
3. NAME OF DECEASED (Type or print) First <b>Edmond</b> Middle <b>J.</b> Last <b>Haemmerle</b> <b>Haemmerle</b>		4. DATE OF DEATH Month <b>July</b> Day <b>14</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/28/1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	9. AGE (last birthday) <b>65</b>
11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jacob B. Haemmerle</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Ott</b>	14. NAME OF HUSBAND OR WIFE <b>Mabel Haemmerle Haemmerle</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Clinton Haemmerle</b> Address <b>Florissant Mo.</b>
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>Cerebral Embolism</b> DUE TO (b) <b>Chronic Valvular Heart</b> DUE TO (c) <b>disease with Coronary Thrombosis 5 yrs.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4214</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
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.) <b>---</b>	
20c. TIME OF INJURY Hour <b>---</b> Month, Day, Year <b>---</b> 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.) <b>---</b>		20f. CITY, TOWN, OR LOCATION <b>---</b>	COUNTY <b>---</b> STATE <b>---</b>
21. I attended the deceased from <b>June 2-61</b> to <b>July 14-61</b> and last saw him alive on <b>July 14-61</b> Death occurred at <b>4:35 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. Jost</b> (Dee or title) <b>M.D.</b>		22b. ADDRESS <b>3700 M Brand A.</b>	22c. DATE SIGNED <b>7/17/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/18/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Galvary Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>White-Mullem Mortuary Ferguson Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 17 1961</b>	26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED  
**8/15/61**

INSTEAD OF  
**Haemmerle**

ITEM NO. SHOULD READ  
**3, 13a, 14, 17 Haemmerle**

BY AFFIDAVIT OF Fun. Dir.

MEDICAL CERTIFICATION

DOCUMENT

**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 Reinhold K. Lohmann

Licensed Embalmer No. 339.5

P. O. Address St. Louis 357

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.