

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047210

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3584

FILED JAN 9 1962

1. PLACE OF DEATH a. COUNTY - <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND HEIGHTS</u>		Length of stay in lb <u>30 Hours</u>	c. CITY OR TOWN <u>E. St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>762 N. 11st Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED First MRS. EDITH Middle J. Last GEMME 4. DATE OF DEATH Month 12 Day 16 Year 61

5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10-26-15 9. AGE (last birthday) 46 ~~42~~ 10. IF UNDER 1 YEAR Months Days Hours Min. 11. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) E. St. Louis, Illinois 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Clarence G. Rogers 13b. MOTHER'S MAIDEN NAME Iela J. Kohronek 14. NAME OF HUSBAND OR WIFE Earl C. Hemmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. (If yes, give war or dates of service) none 17. INFORMANT Earl C. Hemmer, E. St. Louis, Illinois 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) Brain Tumor - Rt. Parietal INTERVAL BETWEEN ONSET AND DEATH 2 mos.  
DUE TO (b) Glioblastoma multiforme (malignant)  
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_ PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 9-15-61 to 12-16-61 and last saw her/him alive on 12-16-61  
Death occurred at 6:45 PM, 12-16-61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. A. Palazzio MD 22b. ADDRESS 4161 Lindell Blvd. 22c. DATE SIGNED 12-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 12-19-61 23c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park 23d. LOCATION (City, town, or county) Belleville Illinois (State)

24. FUNERAL DIRECTOR C. G. Kurrus, Jr ADDRESS E. St. Louis, Ill 25. DATE RECD. BY LOCAL REG. 12-18-61 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

DATE AMENDED 1/16/62  
INSTEAD OF  
ITEM NO. 18c Glioblastoma multiforme malignant  
BY AFFIDAVIT OF attending physician DOCUMENT

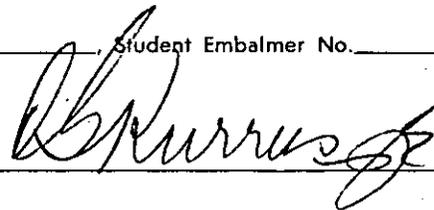
MEDICAL CERTIFICATION

**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 \_\_\_\_\_



Licensed Embalmer No. 3162

P. O. Address E. St. Louis, Illinois

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.