

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020629

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5061**

DO NOT WRITE ON THIS STUB

AMENDED

FILED - MAY 31 1962

VS 300 Rev. 4/59
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 5 Days	c. CITY OR TOWN New Haven
c. FULL NAME OF (If NOT in hospital, give location) Deaconess Hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) New Haven
3. NAME OF DECEASED (Type or print) First Edward Middle H. Last Kormeier		4. DATE OF DEATH Month May Day 16 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-20-1875
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months 8 Days 26	IF UNDER 24 HR Hours 48 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Casco Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Henry Kormeier	
13b. MOTHER'S MAIDEN NAME Louise Lefmann		14. NAME OF HUSBAND OR WIFE Julius Kormeier New Haven Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Julius Kormeier New Haven Mo.		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) Coronary arteriosclerotic heart disease with hypertension and congestive failure DUE TO (b) Generalized arteriosclerosis DUE TO (c) 420.1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 48 hr.
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. 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
21. I attended the deceased from 5-11-62 to 5-16-62 and last saw her/him alive on 5-16-62 Death occurred at 7:30 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. Muller</i>		(Degree or title) M.D.	22b. ADDRESS 634 N. Grand Blvd.
22c. DATE SIGNED 5-18-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 19, 1962	23c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery	23d. LOCATION (City, town, or county) (State) New Haven Mo.
24. FUNERAL DIRECTOR L. G. Fertig & Son New Haven Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. MAY 18 1962
		26. REGISTRAR'S SIGNATURE <i>Paul Smith</i>	

USE BLACK INK OR TYPEWRITER RIBBON

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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 John J. Haines
Licensed Embalmer No. 4108

P. O. Address St Louis Mo

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.