

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11063

State File No.

BIRTH NO.		REG. DIST. NO. <u>367</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>328</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>FLORISSANT STATION</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FLORISSANT STATION</u>		c. LENGTH OF STAY (in this place) <u>2 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FLORISSANT STATION R. 1</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis Co Hosp. (I)</u>				d. STREET ADDRESS (If rural, give location) <u>FLORISSANT MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GOETTLIEB</u>			b. (Middle) <u>EDWARD</u>			c. (Last) <u>PEIMANN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 2 - 1949</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED! WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>MARCH 3 - 1889</u>		9. AGE (In years last birthday) <u>59</u>		If UNDER 1 YEAR: (Month) (Day) <u>11 27</u>		If UNDER 1 HR. Hours Min. <u>— —</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>— —</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>— —</u>	
13a. FATHER'S NAME <u>HENRI PEIMANN</u>			13b. MOTHER'S MAIDEN NAME <u>LOUISE HAMPE</u>			14. NAME OF HUSBAND OR WIFE <u>— —</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES WAR #1</u>		16. SOCIAL SECURITY NO. <u>— —</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Philip Peimann Florissant St. Louis</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self-inflicted gunshot wound of head</u> DUE TO (b) <u>E976</u> DUE TO (c) <u>164E</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 2 49</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot self in head</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Arnold J. Willmann coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>3/4/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 5/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SALEM WUTH CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BLACK JACK MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-4-49</u>		REGISTRAR'S SIGNATURE <u>Shirley L. Lunsford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur R. Duedrich 8319 HALLS Ferry</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

APR 4 1949

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
Student Embalmer

Signed Clement McQuay

Licensed Embalmer No. 3732

P. O. Address St. Louis

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 this body is not embalmed, fact should be so stated above.