

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6971

State File No.

Registrar's No. 481

317

REG. DIST. NO. 3063 PRIMARY REG. DIST. NO.

BIRTH NO.

002
32

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Riverview Gardens	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Dead on arrival St. Louis		d. STREET ADDRESS (If rural, give location) 328 Midridge Drive	

3. NAME OF DECEASED (Type or Print) a. (First) County Hospital (Middle) Henry W. c. (Last) Peimann		4. DATE OF DEATH (Month) (Day) (Year) February 20, 1950.	
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH August 24, 1881	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis County	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Heinrich Peimann	13b. MOTHER'S MAIDEN NAME Louise Lampe	14. NAME OF HUSBAND OR WIFE
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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	16. SOCIAL SECURITY NO. 500-26-3104	17. INFORMANT'S SIGNATURE OR NAME Mr. Bert Peimann	ADDRESS 4249 College Ave.
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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, asthma; etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) self-administered nicotine poison - body found in yard.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Yard of home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Riverview Gardens, St. Louis, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 20 50 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Took insect spray containing nicotine
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Ernest J. Willmann</i> 3 Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 2/24/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-24-50.	24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	24d. LOCATION (City, town, or county) (State) Black Jack, Missouri.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 24 1950 <i>Herbert A. Doube, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.
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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.....

No Embalming

Student Embalmer No.

working under my personal supervision.

Oliver W. Holt

Signed

Student

Student Embalmer

Licensed Embalmer No.

3137

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