

STANDARD CERTIFICATE OF DEATH

24570

State File No. _____

FILED JUL 16 1951

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5787

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

1. PLACE OF DEATH: a. COUNTY St. Louis Mo.
 b. CITY St. Louis Mo.
 d. FULL NAME OF HOSPITAL OR INSTITUTION Hosp = 2
 2. USUAL RESIDENCE: a. STATE Mo.
 b. COUNTY St. Louis
 c. CITY St. Louis
 d. STREET ADDRESS 3400 Pine

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX		6. COLOR OR RACE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired)	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	

3. NAME OF DECEASED: a. (First) George b. (Middle) Heming c. (Last) _____
 4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 51
 5. SEX Male
 6. COLOR OR RACE White
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married
 8. DATE OF BIRTH Apr 1908
 9. AGE 43
 10. USUAL OCCUPATION Author
 11. BIRTHPLACE Tenn.
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if applicable) (If yes, state year of dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

13a. FATHER'S NAME Wick
 13b. MOTHER'S MAIDEN NAME Wick
 14. NAME OF HUSBAND OR WIFE Wick
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? No
 16. SOCIAL SECURITY NO. Wick
 17. INFORMANT'S SIGNATURE OR NAME J. B. Fasola
 18. CAUSE OF DEATH: Internal Hemorrhage from Gunshot wound of liver Sustained when shot with gun in the hands of an enemy.
 19. MAJOR FINDINGS OF OPERATION: Channing & Pine Jr. about 10.5. 7. 51.
 20. AUTOPSY? YES NO

19a. DATE OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, etc. include etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK? () NOT WHILE AT WORK ()		21f. HOW DID INJURY OCCUR?		23. DATE SIGNED	

19a. DATE OF OPERATION June 9th 1951
 21a. ACCIDENT SUICIDE HOMICIDE Homicide
 21b. PLACE OF INJURY Street
 21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) Mo. (STATE) Mo.
 21d. TIME OF INJURY (Month) 6 (Day) 9 (Year) 1951 (Hour) 11 (Min) 30
 21e. INJURY OCCURRED WHILE AT WORK? () NOT WHILE AT WORK ()
 21f. HOW DID INJURY OCCUR? Gunshot E 981 X
 23. DATE SIGNED 6/27/51

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 _____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)		23b. ADDRESS		24. LOCATION (City, town, or county) (State)	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	

23a. SIGNATURE Joseph M. Zimm
 23b. ADDRESS 1300 Clark
 24. LOCATION (City, town, or county) St. Louis (State) Mo.
 24a. BURIAL CREMATION, REMOVAL (Specify) N
 24b. DATE 6-28-51
 24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery
 24d. LOCATION (City, town, or county) St. Louis (State) Mo.
 DATE REC'D BY LOCAL REG. JUN 28 1951
 REGISTRAR'S SIGNATURE J. B. Fasola
 25. FUNERAL DIRECTOR'S SIGNATURE Gushouse ADDRESS 2930 Dickson St.

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten mark

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.....

Students of Mortuary College

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James H. Lammers*

Licensed Embalmer No. *4142*

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.