

No. 300
10-48

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30246**

FILED SEP 9 - 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2269

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| 1. PLACE OF DEATH a. COUNTY ST LOUIS 3 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS 420X | |
| b. CITY (If outside corporate limits, write RURAL and give township) CLAYTON | | c. CITY (If outside corporate limits, write RURAL and give township) OVERLAND 50 1 | |
| c. LENGTH OF STAY (In this place) DOB | | d. STREET ADDRESS (If rural, give location) 2420 ENTITY | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST LOUIS CO HOSPITAL | | | |

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|--|--|-------------|--|-----------|--|
| 3. NAME OF DECEASED (Type or Print) DOROTHY FEMMER | | | 4. DATE OF DEATH (Month) (Day) (Year) AUG 30 1952 | | |
| a. (First) | | b. (Middle) | | c. (Last) | |

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|-------------------------|----------------------------------|--|---|--|---------------------------|--------------------------|---------------------------|--------------------------|
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1 | 8. DATE OF BIRTH Sept 14 1910 | 9. AGE (In years last birthday) 41 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|-------------------------|----------------------------------|--|---|--|---------------------------|--------------------------|---------------------------|--------------------------|

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|--|--|---|--|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME | | 11. BIRTHPLACE (State or foreign country) UNKNOWN 9 | | 12. CITIZEN OF WHAT COUNTRY? USA | |
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|--------------------------------------|--|---|--|---|--|--|--|
| 13a. FATHER'S NAME UNKNOWN | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE WALTER FEMMER | | | |
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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. UNKNOWN | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS WALTER FEMMER 2420 ENTITY | | | |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull, ribs and shock, suffered while a passenger in an auto operated by her son Walter which left Olive Street Road and struck a pole. | | INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) | | | | | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8234 | | | | | |

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|------------------------|--|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 400 31 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Creve Coeur St. Louis Mo. | |
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|--|--|---|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-30-52 4:00A. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Blunt Impact- Auto Accident | |
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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.

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|---|--|--|--|-----------------------------------|--|
| 23a. SIGNATURE Arnold G. Willmann 3 (Degree or title) Coroner | | 23b. ADDRESS Clayton, 5, Mo. | | 23c. DATE SIGNED 9/2/52 | |
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| 24a. BURIAL, CREMATION, OR REMOVAL BURIAL | | 24b. DATE SEPT 2 1952 | | 24c. NAME OF CEMETERY OR CREMATORY VAL HALLA CEMETERY | | 24d. LOCATION (City, town, or county) (State) WELLS TON MISSOURI | |
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| DATE REC'D BY LOCAL REG. 8-9-2-52 | | REGISTRAR'S SIGNATURE Veribert R. Donke MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EARL HILFMAN OVERLAND MO. | | | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 None
Student Embalmer

Signed

Earl J. Sullivan

Licensed Embalmer No.

2001

P. O. Address

Oreland 2000

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.