

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024724

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District **1003**

Registrar's No. **6649**

**FILED JUL 12 1962**

VS 300  
Rev. 4/59

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2 **2249**

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12 **75-0**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3728 Iowa Ave.</b>
3. NAME OF DECEASED (Type or print) First <b>Adolph</b> Middle <b>H.</b> Last <b>Hemme</b>			4. DATE OF DEATH Month <b>July</b> Day <b>2</b> Year <b>1962</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>12/26/1899</b>	9. AGE (last birthday) <b>63</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dairy</b>		11. BIRTHPLACE (City and state or country) <b>Kimmswick, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>Adolph Hemme</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Kassel</b>	
14. NAME OF HUSBAND OR WIFE <b>Lillian</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT <b>Pearl Zacher, 3728 Iowa Ave.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 Mo 16 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>arterio Sclerotic Heart disease</b>		<b>2 yrs 6 mos</b>	
DUE TO (c) <b>arterio Sclerosis</b>		<b>420.0</b>		<b>?</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Had been Coronary thinsis in May-1960</b>				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 type="checkbox"/> NO <input checked="" 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.) <b>Choke</b>	
20c. TIME OF INJURY Hour a.m. p.m.		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.) <b>St Louis</b>	
20f. CITY, TOWN, OR LOCATION <b>St Louis</b>		20g. COUNTY <b>Mo.</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>Jan 1960</b> to <b>July 2 1962 9 AM</b> and last saw her/him alive on <b>June 30 1962</b> Death occurred at <b>July 2 1962 9 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE <b>Max Stahlhoff MD</b> (Degree or title)		
22b. ADDRESS <b>512 Dowd Place</b>			22c. DATE SIGNED <b>7/5/62</b> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7-5-62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Burgess Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Antonia, Mo.</b>		24. FUNERAL DIRECTOR <b>Heiligttag Funeral Home, Imperial, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 5 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Leon Smith, M.D.</b>					

USE BLACK INK OR TYPEWRITER RIBBON

**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 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.