MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021693

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5495

FILED JUN 3 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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2 2/16
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4 0
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73

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Anthony Hospital — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3421a Osage — Reside on Farm: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY

3. NAME OF DECEASED (Type or print): First: William Middle: A. Last: Hemmann

4. DATE OF DEATH Month: May Day: 22 Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/7/1888

9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months 3 Days 15 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Street Car Man

10b. KIND OF BUSINESS OR INDUSTRY: Public Service

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: D. D. Hemmann

13b. MOTHER'S MAIDEN NAME: Agnes Farrar

14. NAME OF HUSBAND OR WIFE: Robbie Hemmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi): None

16. SOCIAL SECURITY NO.

17. INFORMANT: Willard Schild — Address: 3421a Osage

18. CAUSE OF DEATH (Enter only one cause per line.)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute, Massive Myocardial Infarction	6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Left coronary artery occlusion	6 hrs.
DUE TO (c)	Advanced Arteriosclerosis	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Parkinson's Disease 420.1

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1962, to May 1963 and last saw him alive on May 22, 1963

Death occurred at 12 noon on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. Cecelia Reichert M.D.

22b. ADDRESS: 16 Hampton Village Plaza

22c. DATE SIGNED: 5/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: May 24, 1963

23c. NAME OF CEMETERY OR CREMATORY: Lakewood Park

23d. LOCATION (City, town, or county) (State): St. Louis County Mo.

24. FUNERAL DIRECTOR: Schumacher — **ADDRESS:** 3013 Meramec Str.

25. DATE RECD. BY LOCAL REG.: MAY 23 1963

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

DR. M. CECILIA REICHERT
16 HAMPTON VILLAGE PLAZA
PL 2-8349
12:00 NOON

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 Jack Haupt

Licensed Embalmer No. 4746

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.