

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29034
8618

1. PLACE OF DEATH

County.....
Township.....
City, St. Louis Mo.

Registration District No. 791
Primary Registration District No. 1003
(No. 36208 Connecticut St.)

File No.....
Registered No. 8618
St. Ward)

2. FULL NAME

Francis Hemm
(a) Residence. No. St., 16 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Stephania Hemm

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 1857

7. AGE YEARS MONTHS DAYS | IF LESS than 1 day, hrs. or min.
70 | 7 | 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Professor 947
(b) General nature of industry, business, or establishment in which employed (or employer) 97
(c) Name of employer St. Louis College Pharmacy

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Hemm

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Stephania Hemm
(Address) 36208 Connecticut St.

15. FILED SEP 27 1927 Max C. Sparks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 23 1927 to Sept 25 1927 that I last saw him alive on Sept 25 1927, and that death occurred, on the date stated above, at 6 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Sclerosis
(duration) yrs. mos. ds.
Arterio Sclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 89
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.
(Signed) Frank Hadley M. D.
9/27 1927 (Address) 3600 S. Grand Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Sept 28 1927

20. UNDERTAKER W. T. ROBERT ADDRESS 1905 S. Grand Blvd.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

