

JUL 27 1929
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 7
 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.
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22605

63

File No.
 Registered No.
 St. Ward)

1. PLACE OF DEATH
 County... *St. Louis* Registration District No. *160*
 Township... *Central City* Primary Registration District No. *4490*
 City... *University City* 160 Gale av

2. FULL NAME... *Samuel Hemeles*
 (a) Residence. No. *760 Gale* St., ... Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

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 *Charlotte Hemeles*
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 15, 1891*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
37 6 12
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work... *cleaning & Dyeing*
 (b) General nature of industry, business, or establishment in which employed (or employer) *173*
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. York*
 10. NAME OF FATHER *Adolph Hemeles*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Russia*
 12. MAIDEN NAME OF MOTHER *Bessie Verchofsky*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Russia*
 14. INFORMANT *Mrs. B. Hemeles*
 (Address) *2356 Klamon*
 15. FILED *6-28*, 19 *29* *Virginia Tuchschnidt* Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 27 1929*
 17. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
 that I last saw h... alive on ... and that death occurred, on the date stated above, at ...
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Homicide by firearm
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) *H.M.*
 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH...
 DID AN OPERATION PRECEDE DEATH? *no* DATE OF...
 WAS THERE AN AUTOPSY? *no*
 WHAT TEST CONFIRMED DIAGNOSIS? *Physical signs*
 (Signed) *John O'Connell* M.D.
 (Address) *Corner of St. Louis Street*
 *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 *Interred St. Emeth* DATE OF BURIAL *6/28 1929*
 20. UNDERTAKER *A. W. Berger* ADDRESS *676 North*

