

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No. **3505**

Township.....

Primary Registration District No. **1003**

Registered No. **736**

City **St. Louis**

No. **3411 North Florissant**

St. _____ Ward _____

2. FULL NAME

Robert Lee Hemmingshaus

(a) Residence No. **3411 North Florissant** St. **20** Ward.

(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)

Single

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

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

Dec. 17 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

—

1

1

B. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Nil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

10. NAME OF FATHER

Herman Hemmingshaus

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

New Dresden

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Eleanor Koster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Seneca

(STATE OR COUNTRY)

14.

INFORMANT

Herman Hemmingshaus

(Address)

3411 N. Florissant

15.

FILED

19 1931

May 21 1931

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 18 1931

17. I HEREBY CERTIFY, That I attended deceased from

Jan. 14th 1931, to January 18, 1931

that I last saw him alive on **Jan. 18th 1931**, and that death occurred, on the date stated above, at **7:15 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumo- Pneumonia

Primary

107A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cause upper Respiratory Infection

(duration) yrs. mos. ds. **4**

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 Findings

(Signed)

James M. Brown M. D.

Jan 19, 1931 (Address)

2867^c Union 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

Nashville Ill.

DATE OF BURIAL

Jan. 20 1931

20. UNDERTAKER

Theo. H. Reiderwiden

ADDRESS 1936

St. Louis Mo.

