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.

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

Do not use this space.

6741

File No. 1817

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 5360 Gilson Avenue St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Nannie Susan Hemmen

(a) Residence, No. 5360 Gilson Avenue St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

FATHER

13. NAME John Short

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

MOTHER

15. MAIDEN NAME Mathilda (Unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Wm. J. Hemmen 5360 Gilson Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pk. DATE Feb. 26th, 1932

19. UNDERTAKER (ADDRESS) Wuck Bros 2201 So. Grand Blvd.

20. FILED FEB 25 1932 Mary C. Starkloff Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1930, to Feb 24, 1932

I last saw her alive on Feb 24, 1932. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Disease	
95B	
95A	

Other contributory causes of importance:

Auricular Fibrillation

Name of operation 0 Date of 0

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) William Winter, M. D.

(Address) 3325 S. Grand Blvd

Shamir Ortel
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