

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

Do not use this space.

21079

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 1815) St. Charles St. 11 Ward.....
Registered No. 5582

2. FULL NAME

Josephine Hemberger
(a) Residence, No. 1815 Sage St., 11 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 Female 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 Albert Hemberger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22-1876
7. AGE YEARS 55 MONTHS 5 DAYS 20 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. as House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

13. NAME John Noble

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) ?

15. MAIDEN NAME Anna Wilson

15. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY) ?

17. INFORMANT Mrs. Lep Dowling (ADDRESS) 1815 Sage St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Church DATE June 14, 1932

19. UNDERTAKER Grellman Bros. (ADDRESS) 1715 Bank Bldg

20. FILED IN 23 1932 May 21 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1932
22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932 to June 11, 1932
I last saw her alive on June 11, 1932 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:
Shock following operation for
Resection of right breast
Date of onset.....
Other contributory causes of importance 50

Name of operation Ablation of breast Date of June 11
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? no
If so, specify.....
(Signed) E. F. Akler, M. D.
(Address) 802 Metropolitan Bldg

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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