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.

MAY 25 1934

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. 14590

Township ..... Primary Registration District No. 1003 Registered No. 3776

City St. Louis, (No. 3232 Pulaski St. St. ..... Ward)

2. FULL NAME Mary A. Hemminghaus

(a) Residence, No. 3232 Pulaski St. St., 15 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Marreid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1882.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	2	14	

OCCUPATION

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

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) St. Louis, Mo.

FATHER

13. NAME Charles Christeh.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland.

MOTHER

15. MAIDEN NAME Kunnigunda Gaertner.

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

17. INFORMANT (ADDRESS) F. A. Hemminghaus 3232 Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE Apr. 16, 1934

19. UNDERTAKER (ADDRESS) J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED APR 15 1934, 19 J. S. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1933, to April 13, 1934

I last saw her alive on 4-13-34, 19 ..... Death is said to have occurred on the date stated above, at 11:45 P.m.

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

Chronic myocarditis

Date of onset

Other contributory causes of importance: Chronic nephritis

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

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) Joseph L. Ferris, M. D.

4/14/34 (Address) 4209 Virginia Av