

**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
Township..... Primary Registration District No. 1003
City St. Louis (No. 947 Beach Ave)..... St. Ward)

File No. 18982
Registered No. 5505

2. FULL NAME Anna M. Hemingson

(a) Residence, No. 947 Beach Ave St. 5 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Hemingson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11/8/1864</u>				
7. AGE YEARS <u>69</u>	MONTHS <u>6</u>	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	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) Sweeden

FATHER 13. NAME Erik Fernlund

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

MOTHER 15. MAIDEN NAME Unk Karin

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

17. INFORMANT Herman Hemingson
(ADDRESS) 947 Beach Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 6/2/34

19. UNDERTAKER Robert J. Ambush Inc
(ADDRESS) 6633 Clayton Road

20. FILED 11 N - 2 1534
Jos. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 27 May, 1934, to May 30, 1934

I last saw him alive on May 30, 1934 Death is said to have occurred on the date stated above, at 11:15 P.M.

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

Cerebral Hemorrhage
Hypertension
Obese
Date of onset 3 days

Other contributory causes of importance:

Name of operation None Date of.....
What test confirmed diagnosis? Paralytic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 19.....

Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) Louis H. Behrens, M. D.
(Address) 102 No. Parkway

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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Louis Baker
102 N. Baker
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