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

FEB 19 1936

Do not use this space.

658

1. PLACE OF DEATH
County: Cole
Registration District No. 213
Primary Registration District No. 3014
File No.
Registered No. 3
Township
City, Jefferson City, Mo (No. , St. , Ward)
St Mary's Hospital

2. FULL NAME: Stella Hempelman

(a) Residence, No. (Usual place of abode) St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 16 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 19. 1919

7. AGE: Years 16 Months 3 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Arkansas

FATHER

13. NAME: Albert Hempelman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Owensville Mo.

MOTHER

15. MAIDEN NAME: Margret Schuetz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hermann Mo

17. INFORMANT (ADDRESS): Albert Hempelman Chamois, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Chamois Mo DATE 1/6/ 1936

19. UNDERTAKER (ADDRESS): Otto T. Stockseick Chamois Mo

20. FILED 1/6/ 1936 W Beford M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 4 1936

22. I HEREBY CERTIFY That I attended deceased from Jan. 5, 1936, to Jan 3, 1936, I last saw her alive on Jan 3, 1936. Death is said to have occurred on the date stated above, at 1 a.m. Jan 4 1936. The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | 1933 |
| 4. Acute nephritis | |

Other contributory causes of importance:

Diabetes Mellitus

Name of operation: Date of
What test confirmed diagnosis? 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) M. P. Gladdy, M. D.
(Address) Jefferson City Mo

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.

WRITE PLAINLY, WITH INK, ON THIS BLANK