

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.

25774

AUG 17 1936

## 1. PLACE OF DEATH

County Cape Girardeau, Mo. Registration District No. 120  
Township Cape Girardeau Precinct Registration District No. 3009 File No. \_\_\_\_\_  
City Cape Girardeau Francis Hospital St. \_\_\_\_\_ Registered No. 222 Ward \_\_\_\_\_

## 2. FULL NAME

Mrs. Amanda Hemmelgast  
(a) Residence, No. Chaffee, Missouri Ward. \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Hemmelgast

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
48 0 17

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

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) Cape Girardeau  
(STATE OR COUNTRY) Missouri

13. NAME Burgess Beckner

14. BIRTHPLACE (CITY OR TOWN) Williamson County  
(STATE OR COUNTRY) Illinois

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) Felsa, Missouri  
(STATE OR COUNTRY)

17. INFORMANT Ardele Hemmelgast  
(ADDRESS) Chaffee, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park DATE July 12, 1936

19. UNDERTAKER Blunt & Howell  
(ADDRESS) Cape Girardeau, Mo.

20. FILED 7-9-36 gm. Thompson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1936

22. I HEREBY CERTIFY That I attended deceased from

July 3, 1936 to July 8, 1936

I last saw him alive on July 8, 1936 Death is said

to have occurred on the date stated above, at 5:15 P.M.

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

Retinal hemorrhage  
lobar pneumonia

Other contributory causes of importance:  
acute nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? all 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) Carl Albert Hemmelgast, M. D.

(Address) Cape Girardeau

Zimmerman

Zimmerman