

JAN 8 1937

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

Do not use this space.

43798

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH

Registration District No. 85
Primary Registration District No. 1001
(No. MO. METHODIST HOSPITAL)

File No. _____
Registered No. 1490
St. _____ Ward _____

2. FULL NAME LOUISE LEMMEL

(a) Residence, No. 2703 SOUTH 25TH ST. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIFE OF AUGUST LEMMEL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 0 25

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) (STATE OR COUNTRY) GERMANY

13. NAME FRED GABRIEL

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

15. MAIDEN NAME ELIZABETH DORSCH

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

17. INFORMANT (ADDRESS) AUGUST LEMMEL, HUSBAND
ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND CEMETERY, DATE Dec. 5, 1936

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC.
1946 COLHOUN ST. JOSEPH, MO.

20. FILED Dec 5 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1936, to Dec 4, 1936

I last saw h. ER. alive on Dec 4, 1936 Death is said to have occurred on the date stated above, at 3:00 P.M.

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

Pulmonary Embolus
acute dilatation of heart
1936

Other contributory causes of importance:

Coronary Sclerosis
acute cholecystitis with stones rupture of gall bladder

Name of operation cholecystectomy Date of 11/24/36
What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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) W. H. Walker M. D.
(Address) 301 N. E. St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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