FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

37 County Gasconade — Registration District No. 304 — File No. 5846

Township Richland — Primary Registration District No. 5421 — Registered No. 31

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Minnie Hemeyer

(a) Residence, No. ..... St., ... 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of Henry Hemeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-22-1868

7. AGE: YEARS 68 — MONTHS 10 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): Hope Gasconade Mo.

FATHER

13. NAME: August Hummert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): dont Know Germany

MOTHER

15. MAIDEN NAME: Louisa Hoelmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): dont Dont Germany

17. INFORMANT (ADDRESS): Alvin L. Hemeyer Hope Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem Cemetery DATE 2-14 1937

19. UNDERTAKER (ADDRESS): Arnold Hummert Morrison Mo

20. FILED 2-20 1937 F. L. Kicker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/5, 1937, to 2/10, 1937
I last saw her alive on 2/10, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Hepatitis — Date of onset
Impacted Gall Stones &
Suppuration Gall Bladder

Other contributory causes of importance: 126 (See above)

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ 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? no
If so, specify ✓
(Signed) Howard Workman, M. D.
(Address) Hermann Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.