

**JUL 8 - 1937 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. **Jewish Hospital**)

22098
File No.
Registered No. **5850**
St. Ward)

2. FULL NAME Miriam Hemple

(a) Residence, No. **5739 Westminister St.**, **5** 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) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 8, 1916**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 8 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Student**
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) **St. Louis**

13. NAME **Leon Hemple**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lithuania**

15. MAIDEN NAME **Ida Carnovsky**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

17. INFORMANT **Leon Hemple**
(ADDRESS) **5739 Westminister**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Beth Ham Hag** DATE **6/15/37**

19. UNDERTAKER **S. Berger & Co.**
(ADDRESS) **4715 N. Broadway**

20. FILED **JUN 15 1937** **J. Predeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/13 1937**

22. I HEREBY CERTIFY, That I attended deceased from **April 1937** to **6/13 1937**
I last saw him alive on **6/13 1937** Death is said to have occurred on the date stated above, at **7:15 p.m.**
The principal cause of death and related causes of importance were as follows:
Woods Hole Disease
Date of onset **4 mos.**

Other contributory causes of importance
[Handwritten signature]

Name of operation **Ovary & Cervix** Date of **Yes**
What test confirmed diagnosis? **Biopsy** 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, 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) **Arthur E. Strass** M. D.
(Address) **607 N. Grand Ave.**

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.

1-1-17-1-000

