REC'D APR 1 1938

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

8868
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No. 791
Primary Registration District No. 1003
(d) Street No. 3508 Russell Bl. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2457

2. PRINT FULL NAME Marie L. Hempelmann 514
(a) Residence, No. 3508 Russell Bl. St. 17
(Usual place of abode, if no street address, write county or city) (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) July 25, 1909

7. AGE: Years 28 | Months 7 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as 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 Mo. U

FATHER
13. NAME Louis H. Hempelmann C
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. C

MOTHER
15. MAIDEN NAME Elsa C. Bock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Dr. L. H. Hempelmann
(ADDRESS) 3508 Russell Bl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Mar. 14, 1938

19. FUNERAL DIRECTOR Charles J. Kron Funeral Home
(ADDRESS) 4911 Washington Bl.

20. FILED MAR 13 1938 J. H. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1938 to Mar 11, 1938
I last saw her alive on Mar 11, 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, non calculous	
Myocarditis, chronic	
Littles disease	

Other contributory causes of importance:

93C

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) Jean V. Cooke, M. D.
(Address) 5005 S. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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.

JAN 13 1947

STATEMENT BY LICENSED EMBALMER

I, ELTON R.H. TREMELIUS, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MYSELF

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Elton R H Remelius

Licensed Embalmer No. 3154.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)