

REC'D FEB 10 1939

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

511

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City..... **St. Louis** (d) Street No. **5009 North Union Rear** 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.

## 2. PRINT FULL NAME

**564 Joseph C Haemmerl**  
(a) Residence, No. **5009 North Union Ave Rear** St. **7**  
(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 **Male** 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 **Mary Berberich Haemmerl**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 18th 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**69 9 27**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Florist**  
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) **Germany**

FATHER 13. NAME **Max Haemmerl**

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

MOTHER 15. MAIDEN NAME **Schreiber**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Mrs Mary Haemmerl**  
**5009 North Union Rear**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Jan 18th 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Stroot -, Carroll**  
**4600 Natural Bridge Ave**

20. FILED **JAN 16 1939** **J. B. Bredbeck** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 15th 39**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 4/36**, 19**36**, to **Jan 15**, 19**39**  
I last saw him alive on **Jan 15**, 19**39**. Death is said to have occurred on the date stated above, at **8.45pm**  
The principal cause of death and related causes of importance were as follows:

**Myocarditis**  
**Nephritis**

Date of onset

**Prior to Sept 4/36**

Other contributory causes of importance:

**Hemiplegia**  
**Prostate Hypertrophy**

Name of operation **none** Date of **Jan 15 1939**  
What test confirmed diagnosis? **Chemical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **no** Date of injury **Jan 15 1939**  
Where did injury occur? **no**  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **no**  
Nature of injury **no**

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify

(Signed) **J. Martyn Scheltz**, M. D.  
(Address) **505 Humboldt Bldg.**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed: *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address \_\_\_\_\_

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

**If this body is not embalmed, above space should be left blank.**