

REC'D FEB 10 1939
 P 0149

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

911
 Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. De Paul Hospital Registered No. 911
 (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

(a) Residence, No. 7321 S. Grand St. 1.
 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clement J. Hemmer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-10-1902
 7. AGE YEARS 36 MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. hswik
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 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.

FATHER 13. NAME August Voirel

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

MOTHER 15. MAIDEN NAME Jennie Dauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, France

17. INFORMANT (ADDRESS) J. Hemmer 7321 S. Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE MT Olive Cem DATE 1-31-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Und. Co 6322 S. Grand

20. FILED JAN 30 1939 J. P. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1939, to 1-28, 1939

I last saw her alive on 1-28-39, 19... Death is said to have occurred on the date stated above, at 11 am m.

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

Eclampsia - 1-24-39
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 Other contributory causes of importance:
Renal insufficiency
Toxemia

Name of operation Delivered - 1-24-39 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) J. P. Brudick, M. D.
 (Address) 6322 S. Grand

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.

Rec'd.
~~Dr. Stewart~~

Mo. State Bldg
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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,

Wilson Collins, or by

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

Signed Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St. Louis, Mo.

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.