

9 - 1940  
S. No. 2  
-11-10-39  
5-17-39  
PI X21492

6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3766

FILED FEB 7 1940

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 52

1. PLACE OF DEATH:  
(a) County ST. LOUIS  
(b) City or town OLIVETTE  
(c) Name of hospital or institution: RURAL  
(d) Length of stay: In hospital or institution 50 YEARS  
In this community 50 YEARS

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town OLIVETTE  
(d) Street No. LINK ROAD  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME MARY HEMMERLE 564  
3. (b) If veteran, name war   
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH Month Jan day 6 year 1940 hour 4 minute 45 P.M.  
21. I hereby certify that I attended the deceased from June 10 1939 to Jan. 6 1940  
that I last saw her alive on Jan. 6 1940  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife AUGUST HEMMERLE 6. (c) Age of husband or wife if alive 92 years  
7. Birth date of deceased MAY 5 1852

Immediate cause of death Chronic Hepatitis  
Due to Senility  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 70 131

8. AGE: Years 87 Months 8 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace LESLIE MO

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name FREDERICK KOCH  
18. Birthplace GERMANY  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN

16. (a) Informant Caroline Keris  
(b) Address Clayton, Mo. R. # 3  
17. (a) Burial (b) Date thereof 1-9-40  
(c) Place: burial or cremation St. Pauls Cem.

18. (a) Signature of funeral director [Signature]  
(b) Address 564 - Wagoner, Overland, Mo.  
19. (a) JAN 9 1940 (Date received local registrar) (b) [Signature] (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Manner of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Signature] Mo. Date signed 1/8/40

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

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.**