

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 18 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Hemenway, Joseph 550  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 473-09-0964

4. Sex Male 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife FREDA 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased APRIL 21st, 1881  
(Month) (Day) (Year)

8. AGE: Years 59 Months \_\_\_\_\_ Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace CALIFORNIA  
(City, town, or county) (State or foreign country)

10. Usual occupation NIGHT WATCHMAN.  
PENNEY CO.

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name HARVEY EM HEMENWAY  
 13. Birthplace Illinois  
 14. Maiden name UNKNOWN  
 15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Freda Hemenway  
 (b) Address 1915 N. Union

17. (a) BURIAL (b) Date thereof MAY 1st, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation LAKE CHARLES.

18. (a) Signature of funeral director H. Rindskopf  
 (b) Address 5216 Delmar

19. (a) APR 20 1940  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1915 N. Union  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
 year 1940 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from April 11, 1940 to April 28, 1940.  
 that I last saw him alive on April 28, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration

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) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. R. Crow (M. D. or other) \_\_\_\_\_  
 Address 1515 Lafayette Date signed 4/29/40

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

**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

*C. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *5216 Delmar*

**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.**