

No. 2
10-39-37
7-39-37
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16595

Registration District No. **791**

Primary Registration District No. **1003**

State File No. _____

Registrar's No. **4073**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Deaconess Hospital**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **Union**
(d) Street No. **Rural**
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Emily Vemmer** **560**

(b) If veteran, name war **No.** (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 18 1883**
(Month) (Day) (Year)

8. AGE: Years **56** Months **11** Days **16** If less than one day hr. _____ min. _____

9. Birthplace **Union Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Seamstress**

11. Industry or business _____

12. Name **Fred Vemmer**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Bertha Dettman**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Arthur Hollmann**

(b) Address **Union, Mo.**

17. (a) **Burial** (b) Date thereof **5-7-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union, Missouri.**

18. (a) Signature of funeral director **Albert H. Hoppe.**
(b) Address **4700 Washington Ave.**

19. (a) **MAY 6 1940** (b) _____
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4**
year **1940** hour **120** minute **55** P.M.

21. I hereby certify that I attended the deceased from **April 20, 1940** to **May 4, 1940**
that I last saw her alive on **May 4, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma Liver** **3 mo**

Due to **Carcinoma Breast (Removed 1933)** **7 yr.**

Due to **50**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration
3 mo
7 yr.
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 **A. P. Sheffler** (M. D. or other) _____
Address **1020 Madison Bldg** Date signed **5-6-40**

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.....

J. G. Stewart

Licensed Embalmer No. *1122*

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.