

2-40
39
23199

FILED MAY 13 1941

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2305 Russell**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

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. **2305 Russell**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Mable Hemstreet**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

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

6. (b) Name of husband or wife **Edward** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **April 14 1889**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 11 28 hr. min.

9. Birthplace **Chicago Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Work**

11. Industry or business _____

12. Name **Henry Dietz**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Rosa League**

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

16. (a) Informant **Edward Hemstreet**

(b) Address **2305 Russell**

17. (a) **Cremation** (b) Date thereof **4-14-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Wm. Schumacher**

(b) Address **3013 Meramec St.**

19. (a) **APR 12 1941** (b) **J. F. Gredek**
(Date received from Registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11**
year **1941** hour **4** minute **10 Am.**

21. I hereby certify that I attended the deceased from **2/1/41**
19 to **4/10/41** 19
that I last saw **her** alive on **4/10/41 11:22 P.M.** 19
and that death occurred on the date and hour stated above.

Immediate cause of death **ursemia**
Hypertension heart disease
Hypertension

Due to **Chronic kidney disease**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?
(Specify type of place)

While at work? (e) Means of injury **0**

23. Signature **R. W. Crossman** (M. D. or other) **M.D.**

Address **4011 Blum** Date signed **4/12/41**

Duration

2 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

2-4

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

George J. Williams

Registered Apprentice No.

working under my personal supervision.

Signed

George J. Williams

Licensed Embalmer No.

2906

P. O. Address

3013 57th Ave

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, fact should be so stated above.