

FILED AUG 28 1941 91

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Registrar's No. 6184

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital #1
(d) Length of stay: In hospital or institution 11 Days
In this community 55 years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 4204 Bingham Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vena Chrismer

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

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

6. (b) Name of husband or wife John H. 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased May 10, 1872 (Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 16 If less than one day hr. min.

9. Birthplace St. Peters Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Henry Kemna

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

14. Maiden name Elizabeth Bessie

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

16. (a) Informant Blanche Brockmeyer

(b) Address 7347 Sharp Ave.

17. (a) Burial (b) Date thereof 7/30/41 (Burial, cremation, or removal) (Month) (Day) (Year)

Oak Grove Cem. St. Charles, Mo. (c) Place: burial or cremation

18. (a) Signature of funeral director Wacker-Idelerle

(b) Address 3634 Gravois Ave.

19. (a) JUL 29 1941 (b) J. T. B... Registrar's signature (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26, year 1941 hour 7:50 minute P. M.

21. I hereby certify that I attended the deceased from July 16, 1941 to July 26, 1941

that I last saw her alive on July 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Basal cell carcinoma of the face Duration 1 year

Due to 53 Due to 52

Other conditions Generalized arteriosclerosis (Include pregnancy within 3 months of death)

Major findings All infarct of heart Of operations

Of autopsy As above plus bilateral ovarian cysts, small

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 [Signature] (M, D, or other) U Address 1515 Lafayette Ave. Date signed 7/28/41

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

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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 Robert Seidman

Licensed Embalmer No. 2178

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, fact should be so stated above.