

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27171

REGISTRATION DISTRICT NO. 791

Primary Registration District No. 1003

Registrar's No. 6963

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: Alexian Bros. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 5 years
(Specify whether
In this community.....
year, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 1723
(If outside city or town limits, write "RURAL")
(d) Street No. 1115 Geyer Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27
year 1941 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from July
2, 1941, to Aug 27, 1941
that I last saw him alive on Aug 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
nephritis
Due to Arterio Sclerosis 5 yrs.
Due to diabetes
Other conditions Essential Hypertension Diabetes 6 wks.
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations.....
Of autopsy 1310
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?

(Specify type of place) While at work? (e) Means of injury.....
23. Signature A. V. Adams (M. D. or other) O
Address 634 N. Grand Date signed 8/28/41

3. (a) PRINT FULL NAME Edwin J. Hemp
(b) If veteran, name war No (c) Social Security No. No

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Anna Hemp 6. (c) Age of husband or wife if alive Unknown abt. 1866 years
7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 75 Unknown hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

12. Name Louis, W. Hemp
13. Birthplace Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Frances Reynolds
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Mattis
(b) Address 5256 Westminster

17. (a) burial (b) Date thereof 8.27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul

18. (a) Signature of funeral director H. B. Moyall
(b) Address 1926 Allen Ave.

19. (a) AUG 28 1941 (b) J. J. Zudeck
(Date received local registrar) (Registrar's signature)

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

06
17
9

Dr. Jerald Stecker

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 *Benny L. Duncan*

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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.