

DEC 22 1941 791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8717

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:
8417 Halls Ferry Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether _____)
In this community Birth
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. 8417 Halls Ferry Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward H. Hemp

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 6, 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 7 25 hr. min.

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

10. Usual occupation Clerk

11. Industry or business _____

12. Name Jacob H. Hemp

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

14. Maiden name Gertrude N. Colman

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

16. (a) Informant Mr Jacob H. Hemp

(b) Address 8417 Halls Ferry Rd.

17. (a) Burial (b) Date thereof 11/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) NOV 3 1941 (b) J. J. Bredek
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31,
year 1941 hour 4:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from October 25, 1941 to October 31, 1941;
that I last saw him alive on October 31, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchus, Pneumonia Duration 1 Day
Acute Dilatation of Heart

Due to Chronic V. H. D. aortic

Due to Insufficiency - Chronic
Hypertrophy Heart

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

Major findings: Of operations _____

Of autopsy Robertson

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. J. Fullen (M. D. or other) _____

Address 832 1/2 No. B. B. B. B. Date signed 11/3/41

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

100
199

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 William G. Burkholz

Licensed Embalmer No. 2110 C

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.