

FILED APR 8 1942
791

Registration District No. 791 Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4459a Athlone Ave
(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 Birta
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4459a Athlone Ave 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edwin H. Heminghaus

3. (b) If veteran, name war None 3. (c) Social Security No. 490-01-6771

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucille Heminghaus nee Parker 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 2, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

48 8 7 hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Sieloff Co.

MOTHER FATHER { 12. Name Frederick Heminghaus 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Schroeder

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lucillie Heminghaus

(b) Address 4459a Athlone Ave

17. (a) Burial (b) Date thereof 3/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) MAR 11 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th,
year 1942 hour 10:20 PM minute _____ M.

21. I hereby certify that I attended the deceased from Febr. 5th, 42
1942 to March 9th, 1942
that I last saw him alive on March 9th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic Cirrhosis 3 Months
Duration

Due to Oral Sepsis 5 Years

Due to _____

Other conditions Abdominal Ascites
(Include pregnancy within 3 months of death)

Major findings: 124 lb

Of operations _____

Of autopsy _____

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 Edwin J. Arnold (M. D. or other) MD

Address 3635 No. Newstead Ave Date signed 3/10/42

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

0908-04

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 B. Buchholz*
Licensed Embalmer No. *2110 J*
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.