

S. No. 2
1-1-4-41
7. 5-17-39
P I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14676

State File No. _____

FILED MAY 20 1942

Registrar's No. 21

Registration District No. 270

Primary Registration District No. 3022

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: 702 St. Louis (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not in hospital (Specify whether)

In this community 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town 702 St. Louis St. DeSoto (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EMMA HAMEL

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 Herman Hamel 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased May 6, 1866 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>11</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Wasem

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

14. Maiden name Schwob

15. Birthplace ? Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) Burial (b) Date thereof April 26, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto (Woodlawn)

18. (a) Signature of funeral director Lee Mothershead (b) Address DeSoto, Mo.

19. (a) 5-4-42 (b) Fred Spencer (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1942 hour 7 minute _____ P.M.

21. I hereby certify that I attended the deceased from 3:17 to 4:24 1942

that I last saw him alive on 4-23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Arthritis Duration 20 yrs

Due to _____

Due to _____

Other conditions Chronic Arthritis (Include pregnancy within 3 months of death)

Diabetes

Major findings: Of operations _____ Of autopsy 596

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) _____ (e) Means of injury _____

23. Signature Chas. E. Galus (M. D. or other) _____ Address DeSoto Mo Date signed 4/28/42

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

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

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2
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(Licensed Embalmer's Statement on Reverse Side)

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.....

Joe Mochum

Licensed Embalmer No. 3531

P. O. Address. De Soto St

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.