

FILED SEP 8 1942

Registration District No. \_\_\_\_\_ Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St Louis  
Ballwin

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

(c) Name of hospital or institution:  
Pine Crest Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
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. 743 Dover Pl.  
(If rural, give location)

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

3. (a) PRINTED FULL NAME Edward Hemm Jr.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. XXXXXXXXXX

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

6. (b) Name of husband or wife Emma Hemm 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 14 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Druggist

MOTHER FATHER { 12. Name John Hemm

{ 13. Birthplace \_\_\_\_\_ Mo. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace \_\_\_\_\_ Mo. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Ellsworth Hemm  
(b) Address 743 Dover Pl. St Louis, Mo.

17. (a) Burial (b) Date thereof 8-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive Cemetery

18. (a) Signature of funeral director Schumacher Und. Co.  
(b) Address 3013 Meramec St. Louis, Mo.

19. (a) AUG 11 1942 (b) E. J. Mc Larson  
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th  
year 1942 hour 10 minute 22 p. M.

21. I hereby certify that I attended the deceased from July 22nd 1942 to August 9th 1942  
that I last saw him alive on August 9th 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of throat

Due to \_\_\_\_\_

Due to 457

Other conditions Asterio Sclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 R. W. Jansen (M. D. or \_\_\_\_\_)  
Address Manchester Mo. Date signed 8/10/42

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.....

*Louis H. Bopp*

Licensed Embalmer No.....

*721*

P. O. Address.....

*Hickwood*

**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.**