V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34797

FILED NOV 6 1942

Registration District No. 784 — Primary Registration District No. 900 — Registrar's No. 2223

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3608 St. Mary's Ave. /
(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: 96

(a) State Mo. (b) County St. Louis 0
(c) City or town Normandy 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3608 St. Mary's Ave.,
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frances Hemschemeyer

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

4. Sex Female
5. Color or race White /
6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife H. J. Hemschemyer
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov. 4, 1863. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	11	21	hr. ..... min.

9. Birthplace Jersville, Illinois / (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Levi M. Hunter
13. Birthplace ..... Ohio / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Morris
15. Birthplace ..... Illinois / (City, town, or county) (State or foreign country)

16. (a) Informant Harry Newbold
(b) Address 3608 St. Marys Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28/42. (Month) (Day) (Year)
(c) Place: burial or cremation St. Ferinand Cem.,
18. (a) Signature of funeral director Jos. W. Clark,
(b) Address 1125 Hodiamont Ave.,
19. (a) OCT 27 1942 (Date received local registrar) (b) E. G. McGuire M.D. Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1942 hour 5.30 minute P.M. M.

21. I hereby certify that I attended the deceased from 10-22- 1942 to 10-25- 1942
that I last saw her alive on ..... 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy / Cerebral Hemorrhage Rt	
Due to: Chr Nephritis	4 days
Due to: Arteriosclerosis	1936
Other conditions (Include pregnancy within 3 months of death)	1930

Major findings:
Of operations none
Of autopsy none

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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature Roy Johnson (M. D. or other)
Address Ferguson Mo Date signed 10/26/42

101

(Licensed Embalmer's Statement on Reverse Side)

Dr. Roy Johnson
Ferguson, Mo.

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 G W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.