

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

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329

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FILED MAY 6 1943 17

3063

Registration District No. 17

Primary Registration District No. 3063

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(d) Length of stay: In hospital or institution 4 days
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Clayton
(d) Street No. Warson Rd. near Olive Street
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME August Hemmerle
(b) If veteran, name war ? NONE
(c) Social Security No. NONE?

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Marie Koch
6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased March 3 1848
8. AGE: Years 95 Months 1 Days 19

9. Birthplace Pittsburg Pa.

10. Usual occupation none

11. Industry or business

12. Name Unknown Hemmerle
13. Birthplace unknown Germany 4
14. Maiden name Catherine Storeth
15. Birthplace Dornstadt Germany 4

16. (a) Informant Caroline Kern
(b) Address Clayton Mo R #2
17. (a) Burial (b) Date thereof 4/24/43
(c) Place: burial or cremation St. Pauls Cem.

18. (a) Signature of funeral director Baumgardner Bros Inc
(b) Address 2504 Woodson Rd. Garland Mo

19. (a) APR 26 1943 (b) C. H. Mc Loren

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22
year 1943 hour 10 minute :30 P.M.

21. I hereby certify that I attended the deceased from 4-18-43
to 4-22-43
that I last saw him alive on 4-22-43
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac & respiratory failure
Due to Dehydration
Senility
Due to Hypostatic pneumonia

Duration
men.
2 weeks
3 days

Other condition (Include pregnancy within 3 months of death)

Major findings:
Of operations 109
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?
(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
Signature Henry S. Loggins (M. D.)
Address St. Louis County Mo Date signed 4-23-43

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.....

W. G. Peterson

Licensed Embalmer No.....

#3767

P. O. Address.....

Overland, 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.