

S. No. 2
DOM-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1945
Registration District No. **818**

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18819**
Registrar's No. **5192**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home for the Aged, 2209 Hebert St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **ALBERT HEMBERGER**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Josephine Hemberger**
6. (c) Age of husband or wife if alive **decd** years
7. Birth date of deceased **4-27-1875**
(Month) (Day) (Year)

8. AGE: Years **70** Months **1** Days **13**
If less than one day hr. _____ min. _____

9. Birthplace **St. Louis** **Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired**

MOTHER FATHER { 11. Industry or business _____
12. Name **Albert Hemberger**
13. Birthplace **St. Louis** **Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Hemberger**
15. Birthplace **Germany** **U**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Leo Creamer**
(b) Address **3136 New Ashland Place**
17. (a) **Burial** (b) Date thereof **6-13-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**
SULLIVAN BROTHERS

18. (a) Signature of funeral director **J. F. Buelck**
(b) Address _____
19. (a) **JUN 12 1945** (b) **J. F. Buelck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **COO**
(c) City or town **St. Louis** **110**
(If outside city or town limits, write "RURAL")
(d) Street No. **3136 New Ashland Place**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **10**
year **1945** hour **5 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **June 6** 19**45** to **June 10** 19**45**
that I last saw him alive on **June 9** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Duration **4 days**

Due to _____
Due to _____
Other conditions **None**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **None**
Of operations: **None**
Of autopsy: **None**
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) **None**

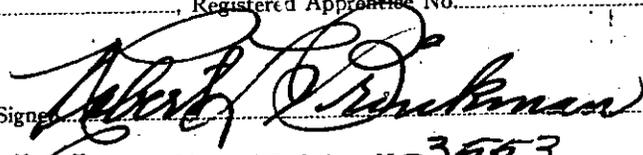
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Bernard H. Wolfe** (M. D. or other) _____
Address **1502 Salisbury St** Date signed **6-11-45**

Dr. Edward H. Moore
2300 Beavertown
Cincinnati 9564
Box Keokuk 1305
4 PM on
Sellersburg, Ia

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.

Signature: 
Licensed Embalmer No. 3653

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.