

FILED SEP 28 1945
318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

8240

1. PLACE OF DEATH:

(a) County _____
(b) City or town city of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6727 Plainview 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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, in view Ave.
(If outside city or town limits, write "RURAL")
(d) Street No. 6727 Plainview Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alloysius Jae Haemmerle

3. (b) If veteran, name war none (c) Social Security No. 497-07-1940

4. Sex male () 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Loretta Haemmerle 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased August 31 1910
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>0</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Mineral water employee

11. Industry or business _____

12. Name John Haemmerle

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

14. Maiden name Mary Werner

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

16. (a) Informant Bretta Haemmerle

(b) Address 6727 Plainview

17. (a) burial (b) Date thereof 9-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) SEP 22 1945 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st
year 1945 hour 3:15 minute _____ a.m. _____

21. I hereby certify that I attended the deceased from _____ 1940 to Sept 21 1945
that I last saw him alive on Sept 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 5 years

Due to _____

Due to _____

Other conditions Tuberculosis of Spine 2 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 13 x 11

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 Central (M. D. or other) _____
Address 2410 W. Main Date signed 9/21/45

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

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

Dr Kroll
6-8 Fri
2416 No. Grand

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..... *Virgil L. Rayman*.....
Licensed Embalmer No..... *4818*.....
P. O. Address..... *St Louis, 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.