No. 2
—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 10-37795

Registration District No. 4-62 140 Primary Registration District No. 5-65-2 4291 Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Old Monroe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ---------
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---------
(Specify whether years, months or days)
In this community ---------

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln
(c) City or town Old Monroe
(If outside city or town limits, write "RURAL")
(d) Street No. ------
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---------

3. (a) PRINT FULL NAME Aloysius J. Hemmer
3. (b) If veteran, name war ------
3. (c) Social Security No. 707-05-7593
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theresa Hemmer
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June (Month) 21 (Day) 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	5	14	------ hr. ------ min.

9. Birthplace Dardenne Mo (City, town, or county) USA (State or foreign country)
10. Usual occupation Railroad Employee
11. Industry or business ---------

FATHER
12. Name Jseph Hemmer
13. Birthplace St. Charles Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eisenbath
15. Birthplace St. Charles Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theresa Hemmer
(b) Address Old Monroe Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Old Monroe Mo.
18. (a) Signature of funeral director E. A. Keithley
(b) Address Orleans Mo.
19. (a) 12-7-45 (Date received local registrar) (b) P. C. Neunhit (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5 year 1945 hour 8-30 minute A M.
21. I hereby certify that I attended the deceased from Mch 10, 1945, to 12-5, 1945 that I last saw him alive on 12-5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Chronic) — Duration
Due to Arterial Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 930

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 P. C. Neunhit (M. D. or other) MD
Address Old Monroe Mo Date signed 12-7-45

1417

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1946

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 E A Keithly

Licensed Embalmer No. 822

P. O. Address) 'Fallon 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.