

FILED JUL 22 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5989**

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital *0*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 days**
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3239a Indiana**
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Kate W. Hemker**

3. (b) If veteran, name war **--**

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2** year **1946** hour **9** minute **30A.** M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow** *2*

6. (b) Name of husband or wife **Harry**

6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **Oct. 16 1878**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death..... *Lobar Pneumonia*

Duration.....

8. AGE: Years Months Days If less than one day

67 8 16 hr. min.

Due to.....

Due to..... *108*

Other conditions.....
(Include pregnancy within 3 months of death)

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

10. Usual occupation **Cook**

11. Industry or business **Cupples Company**

12. Name **Jacob Weinheimer**

13. Birthplace **Unknown Germany** *4*
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown** *9*
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Hemker**

(b) Address **3932a Parker**

17. (a) **Burial** (b) Date thereof **7/5/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **Mack - Teller**

(b) Address **3634 Gravois Ave.**

19. (a) **JUL 4 1946** *J. F. Bredek*
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....

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?.....
(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 *Walter Perry* (M. D. or other)

Address..... Date signed **7/4/46**

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

MOTHER FATHER

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.....

Frank J. O'Connell

Licensed Embalmer No.....

2675

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.