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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24360

Registrar's No. 6219

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: DEPAUL HOSP. 0
(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 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4457 So 37th 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 15

If yes, name country

3. (a) PRINT FULL NAME RAYMOND D. HEMENWAY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife BESSIE HEMENWAY

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased MARCH (Month) 22 (Day) - 1903 (Year)

8. AGE: Years 45 Months 3 Days 20 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) 0

10. Usual occupation STEAM FITTERS

11. Industry or business

FATHER
12. Name FRANK HEMENWAY
13. Birthplace (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name CELIA LOWY
15. Birthplace (City, town, or county) UNK (State or foreign country) 0

16. (a) Informant BESSIE HEMENWAY
(b) Address 4457 So 37th

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation ST. MATTHEW Cemetery

18. (a) Signature of funeral director E. J. SCHNUR
(b) Address 3125 LAFAYETTE

19. (a) JUL 14 1948 (Date received local registrar) J. F. Bracco (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 12 year 1948 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 12 1948 to July 12 1948 that I last saw him alive on July 12 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other conditions Duodenal Ulcer
(Include pregnancy within 3 months of death)

Major findings: Of operation 7/14/48 Dr. Gr

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert J. Farrell (M. D. or other)

Address 634 N. Euclid Date signed 7/13/48

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Wollman

Licensed Embalmer No. 4084

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.