

FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29699

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

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. ELIZABETH</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANGELINE</u>		b. (Middle) <u>KEMMA</u>	
c. (Last) <u>KEMMA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 9, 1882</u>
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>8</u>	11. DAYS <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Westphalia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HERMAN REHMAN</u>		13b. MOTHER'S MAIDEN NAME <u>GERTRUDE BOCK</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bill Kemma</u> ADDRESS <u>St. Elizabeth, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u>			<u>few min.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u>			<u>year</u>
DUE TO (c)			<u>2-3 DA</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renal calculus</u>			<u>3 weeks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 20, 1949</u> to <u>Sept 22, 1949</u> ; that I last saw the deceased alive on <u>Sept 22, 1949</u> , and that death occurred at <u>St. Elizabeth, Mo.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R.D. Miller M.D.</u>		23b. ADDRESS <u>Jefferson City</u>	
23c. DATE SIGNED <u>9-22-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Sept. 24, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lawrence Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Elizabeth, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept 22, 1949</u>	REGISTRAR'S SIGNATURE <u>R.P. Darrin MD-MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hedger</u> ADDRESS <u>St. Elizabeth, Mo.</u>	

26-49

District File Number _____
District Health Officer No. 9,
RECEIVED OCT 3 1949

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 _____

Walter P. Hedges

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Walter P. Hedges*

Licensed Embalmer No. *4265*

P. O. Address *Iberia, 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.