

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 2011

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Ferguson		c. CITY (If outside corporate limits, write RURAL and give township) Ferguson	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 450 Georgia Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 450 Georgia Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Victor b. (Middle) H. c. (Last) Hemminghaus			4. DATE OF DEATH (Month) (Day) (Year) Aug. 20, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 31, 1912		9. AGE (In years last birthday) 37		10. CITIZENSHIP OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) Electrical Cont.		10b. KIND OF BUSINESS OR INDUSTRY Electrical		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	

13a. FATHER'S NAME William F. Hemminghaus		13b. MOTHER'S MAIDEN NAME Johanna Horn		14. NAME OF HUSBAND OR WIFE Helen Hemminghaus	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		18. SOCIAL SECURITY NO. 493-05-3107		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Hemminghaus, Ferguson, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 4 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension			
		DUE TO (c) Chronic nephrosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 591X		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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1940**, to **8-20, 1950** that I last saw the deceased alive on **8-20, 1950** and that death occurred at **9:55 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Garland R. Rice M.D.		23b. ADDRESS 611 Olive		23c. DATE SIGNED 8-21-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/28/50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	

DATE REC'D BY LOCAL REG. 8-22-50		REGISTRAR'S SIGNATURE Herbert R. Ozmbe M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ferguson, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed *L. M. White*

Signed.....
Student Embalmer

Licensed Embalmer No. *3970*

P. O. Address *Ferguson, Tex*

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.