

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43659**  
Registrar's No. **11753**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **MISSOURI** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS** c. LENGTH OF STAY (in this place) **15 YRS.**  
c. CITY OR TOWN **ST LOUIS** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4201 SHREVE** e. STREET ADDRESS (If rural, give location) **4201 SHREVE** **2079**  
**0**

3. NAME OF DECEASED a. (First) **ELIZABETH** b. (Middle) **V** c. (Last) **HEMPEN** 4. DATE OF DEATH (Month) (Day) (Year) **DEC 23 1954**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **JUNE 8, 1913** 9. AGE (In years last birthday) **41** IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 18 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **OWN HOME** 11. BIRTHPLACE (City and State or Foreign Country) **ST. LOUIS MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **LOUIS F. BRINKMEYER** 13b. MOTHER'S MAIDEN NAME **SUSAN EARL** 14. NAME OF HUSBAND OR WIFE **HENRY HEMPEN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **496-22-7467** 17. INFORMANT'S SIGNATURE OR NAME **HENRY HEMPEN** ADDRESS **4201 SHREVE**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Acute Myocardial Failure** INTERVAL BETWEEN ONSET AND DEATH **24 hrs.**  
ANTECEDENT CAUSES DUE TO (b) **Chondrosis of the Liver** **2 yrs.**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) **Alcoholism** **7**  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Malnutrition - Avitaminosis**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **5811**

22. I hereby certify that I attended the deceased from **March, 1952**, to **Dec 23, 1954**, that I last saw the deceased alive on **Dec 22, 1954**, and that death occurred at **2:04** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. C. A. Lindeman M.D.** 23b. ADDRESS **4126<sup>2</sup> Shreve Ave** 23c. DATE SIGNED **12/24/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **12-27-1954** 24c. NAME OF CEMETERY OR CREMATORY **CALVARY CEMETERY** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS MISSOURI**

DATE REC'D BY LOCAL REG. **DEC 27 1954** REGISTRAR'S SIGNATURE **J. C. Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **STROOT CARROLL** ADDRESS **4600 NATURAL BRIDGE**

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *M W Ruster* .....

Licensed Embalmer No. *4865* .....

P. O. Address *St Louis* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.