

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1956

State File No. **36587**

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **548** Registrar's No. **2316**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Webster Groves		c. CITY OR TOWN Maplewood	
c. LENGTH OF STAY (in this place) 1 Week		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 632 Lockwood Court		e. STREET ADDRESS (If rural, give location) 7215 Zephyr Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) LOUISE c. (Last) DUEMLER	4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1956
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-14-1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Cleveland Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Adolph Hartmann	13b. MOTHER'S MAIDEN NAME Lillian Parker	14. NAME OF HUSBAND OR WIFE James E. Duemler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Arthur Duemler	ADDRESS 632 Lockwood Court
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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) Chronic Valvular Cardiac Condition years		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) General Arteriosclerosis years.		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **9-19, 1952** to **10-1, 1956**, that I last saw the deceased alive on **9-30, 1956** and that death occurred at **6 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Vincent F. Townsend MD	(Degree or title) (of 23b. ADDRESS 3101^a Sutton Ave. Maplewood Mo	23c. DATE SIGNED 10.1.56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-3-1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. 10-2-56	REGISTRAR'S SIGNATURE Herbert R. Dombrowski	FUNERAL DIRECTOR'S SIGNATURE Herbert R. Dombrowski	ADDRESS Webster Groves 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Leslie Holch

Licensed Embalmer No. *43*

P. O. Address *Whiter St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.