

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030078

STATE FILE NUMBER

FILED SEP 9 1958

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 338

300  
1-57  
2

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <b>St. Francois Township</b>		c. CITY OR TOWN <b>Uniontown</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 4</b>		d. STREET ADDRESS (If outside, give location) <b>unknown</b>	
3. NAME OF DECEASED (Type or print) First <b>HULDA</b> Middle <b>E.</b> Last <b>HEMMANN</b>		4. DATE OF DEATH Month <b>August</b> Day <b>14</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 28, 1892</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework at home.</b>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <b>65</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework at home.</b>		10b. KIND OF BUSINESS OR INDUSTRY	10c. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
11. BIRTHPLACE (City and state or country) <b>Shawneetown, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fred Frede</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Martin</b>	
14. NAME OF HUSBAND OR WIFE <b>Benjamin Hemmann</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>	
16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT Address <b>Records, State Hospital No. 4, Farmington, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lobar Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>17 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Manic Depressive Psychosis, and fractured r.l. femur (4-8-58).</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Spontaneous fracture.</b>	
20c. TIME OF INJURY Hour <b>P. M.</b> Month, Day, Year <b>4-8-58.</b>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Mental Hospt. ward.</b>	
20f. CITY, TOWN, OR LOCATION <b>St. Francois Twp.</b>		20g. COUNTY STATE <b>St. Francois Mo.</b>	
21. I attended the deceased from <b>March 21, 1958</b> to <b>August 14, 1958</b> and last saw her alive on <b>August 14, 1958</b> Death occurred at <b>9:10 P. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John P. Brennan M.D.</i>		22b. ADDRESS <b>State Hospital No. 4 Farmington, Missouri</b>	
22c. DATE SIGNED <b>8-14-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug 17, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Uniontown, Missouri</b>	
24. FUNERAL DIRECTOR <b>Young &amp; Sons Funeral Home, Perryville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 14, 1958</b>	
26. REGISTRAR'S SIGNATURE <i>Ethel Rudloff</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 21 1958

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 *Walter J. O'Leary* .....

Licensed Embalmer No. *4027* .....

P. O. Address *Perryville* .....

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.