

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034316

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9353

300  
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>ST. LOUIS</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ROCK HILL 4031</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LUTHERAN. Hosp</b>		Length of stay in lb <b>6 WKS</b>	d. STREET ADDRESS (If outside, give location) <b>27 2919 GREENTOP CT.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>AUGUST C. HEMMINGHAUS</b>			4. DATE OF DEATH Month Day Year <b>9 - 26 58</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9-12-1893</b>	9. AGE (In years last birthday) <b>65</b>	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CLOTHING</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>AUGUST-HEMMINGHAUS</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN-WALKENHORST</b>		14. NAME OF HUSBAND OR WIFE <b>ANNA-HEMMINGHAUS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W.I</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN.</b>	17. INFORMANT Address <b>ANNA-HEMMINGHAUS- 2919 GREEN TOP CT.</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>Broncho pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<b>491x</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral and generalized atrophic sclerosis</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>10/8/53</b> , to <b>9/26/58</b> and last saw <sup>her</sup> him alive on <b>9/26/58</b> Death occurred at <b>10/8</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Edward W. Czerninski M.D.</b>			22b. ADDRESS <b>3701 Grand St Sg</b>		22c. DATE SIGNED <b>9/27/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>SEP. 30-58</b>		23b. DATE <b>SEP. 30-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>	
		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO MO.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>JAY. B. SMITH. MAPLEWOOD 17 MO.</b>			25. DATE RECD. BY LOCAL REG. <b>SEP 30 '58</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b> <b>m 98</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

*J. Allen Davis*

Licensed Embalmer No.

4053

P. O. Address

*Al L*

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.