

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013843

STATE FILE NUMBER

FILED MAY 13 1959

Registration District No.

160

Primary Registration District No.

5592

Registrar's No.

70

300
1-57

4

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Jefferson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jefferson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Festus Mo</i>		c. CITY OR TOWN <i>Festus</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mountain View Nursing Home</i>		d. STREET ADDRESS (If outside, give location) <i>2yr</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Ida M. Hemminghaus</i>			4. DATE OF DEATH Month Day Year <i>5-4-59</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <i>2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/></i>	8. DATE OF BIRTH <i>May 3, 1879</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>XX</i>	9c. AGE (In years last birthday) <i>80</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>XX</i>	10c. AGE (In years last birthday) <i>80</i>
11. BIRTHPLACE (City and state or country) <i>Wellsville, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Fred Krone</i>		13b. MOTHER'S MAIDEN NAME <i>Sophie Hohenstreet</i>	
14. NAME OF HUSBAND OR WIFE <i>Henry C. Hemminghaus</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>486-18-0146C</i>		17. INFORMANT Address <i>Henry F. Hemminghaus, 3920 Dover Ave.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiovascular Disease - Arteriosclerotic</i>			INTERVAL BETWEEN ONSET AND DEATH <i>worse 2 wks.</i>
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) <i>4221</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
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 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 <i>2-18-57</i> to <i>5-4-57</i> and last saw her alive on <i>5-4-59</i> Death occurred at <i>10:07</i> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>H. D. Dornell M.D.</i>		22b. ADDRESS <i>Crystal City Mo.</i>	
22c. DATE SIGNED <i>5-4-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>May 7, 1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>	
24. FUNERAL DIRECTOR ADDRESS <i>BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave</i>		25. DATE RECD. BY LOCAL REG. <i>5-6-59</i>	
26. REGISTRAR'S SIGNATURE <i>Paul H. Regan</i>			

MAY 19 1958

RECEIVED
MAY 12 1959

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 *Homer W. Fritz*

Licensed Embalmer No. *3882*

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.