

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
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FILED VS AUG 22 1960

-60-030160

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 194

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY FRANKLIN	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON	a. STATE MO.	b. COUNTY FRANKLIN
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 805 E. 3rd ST.		d. STREET ADDRESS R.R. # 2	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First MATHILDA	Middle W.	Last VEMMER	4. DATE OF DEATH	Month AUG.	Day 14	Year 1960
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAR. 20, 1886	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 1 Days 21	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (City and state or country) JEFFERIESBURG, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME LOUIS E. VEMMER	13b. MOTHER'S MAIDEN NAME MARIE DAMSCHROEDER	14. NAME OF HUSBAND OR WIFE NONE
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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. 496-46-2893	17. INFORMANT LYDIA VEMMER	Address 702 DEMAN ST.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 8 to 12 months
IMMEDIATE CAUSE (a) Carcinoma of ovary	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 CLAYTON, MO.	COUNTY CLAYTON, MO.	STATE MO.
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21. I attended the deceased from 8/9/60 to 8/14/60 and last saw her ^{him} alive on 8/9/60 Death occurred at 8:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE B. R. Eisenmann M.D.	(Degree or title)	22b. ADDRESS New Haven, Mo	22c. DATE SIGNED 8/15/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 17, 1960	23c. NAME OF CEMETERY OR CREMATORY ST. JORDANS CEM.	23d. LOCATION (City, town, or county) JEFFERIESBURG, MO.	(State)
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24. FUNERAL DIRECTOR E. F. OLTMANN UNION, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 8/15/60	26. REGISTRAR'S SIGNATURE J. P. Wickham
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. F. Oltmann

Licensed Embalmer No. 168

P. O. Address Union

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