

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**31255**

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City, **St. Louis, Mo.**

(No. **St. Johns Hospital**)

File No. ....

Registered No. **8853**

St. .... Ward)

**2. FULL NAME** Louise Hamersmeier

(a) Residence. No. **4398 Kingshighway S.W., St.** Ward. **✓**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

**Female**

4. COLOR OR RACE

**White**

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

**Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **November 28, 1851**

7. AGE

YEARS  
**78**

MONTHS  
**9**

DAYS  
**13**

IF LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **At Home**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

PARENTS

10. NAME OF FATHER **Carl Otteman**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

14.

INFORMANT Mrs Hamersmeier  
(Address) **4398 Kingshighway S.W.**

**SEP 10 1930** Max C Stark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **September 9, 1930.**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 5** to **Sept 9**, 19**30**, that I last saw h..... alive on **Sept 8**, 19**30**, and that death occurred, on the date stated above, at **4:00** A.m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Strangulated Hernia**

**172A**  
CONTRIBUTORY (SECONDARY) **118001**  
(duration) ..... yrs. .... mos. **5** ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Ernest Yalmer, M. D.

**Sept. 9 1930** (Address) **8000 Garrison**  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL  
**Sunset Burial Park**

DATE OF BURIAL  
**Sept. 11, 30.**

20. UNDERTAKER

Wacker-Held ADDRESS **2331 S. Brdwy.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied.

