V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

Registration District No. 784

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38040

Primary Registration District No. 104

Registrar's No. 2348

96 0 0

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Ferdinand Twp. Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ferguson Home-G
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 342 S. Dade
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Walter William Hemminghaus
3. (b) If veteran, name war
3. (c) Social Security No. 489-03-7473
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vera
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Sept. (Month) 27 (Day) 1900 (Year)
8. AGE: Years 42 Months 1 Days 11 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Garment worker
11. Industry or business Curlee Clothing Co.
MOTHER FATHER
12. Name August Hemminghaus
13. Birthplace New Haven (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Katherine Walkenhorst
15. Birthplace Raymond (City, town, or county) Ill. (State or foreign country)
16. (a) Informant August C. Hemminghaus
(b) Address 2919 Green Top Ct., Rock Hill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery
18. (a) Signature of funeral director Beiderwieden Und. Co.
(b) Address 1936 St Louis Ave
19. (a) NOV 10 1942 (Date received local registrar) (b) C. H. McFaran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8 year 1942 hour 7 minute P M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carbon monoxide poison - fumes from own auto. — Duration
Due to Advanced cherry red color of skin, subcutaneous tissue,
Due to mucus membrane & serous surfaces, suggestive of carbon
Other conditions monoxide poison; History
(Include pregnancy within 3 months of death) of possible c.o. poison.
Major findings:
Of operations
Of autopsy Yes.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov. 8, 1942
(c) Where did injury occur? Ferguson, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Own home (Specify type of place)
While at work? (e) Means of injury
23. Signature John M. Meyer Deputy Coroner (M.D.)
Address Kirkwood, Mo. 11/9/42 Date signed

(Licensed Embalmer's Statement on Reverse Side)

DEC 16 194

County Health Dept
7733 Forsythe

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 No Embalming, Registered Apprentice No. ....., working under my personal supervision.

Signed Theo H Biedermeier

Licensed Embalmer No. 506

P. O. Address 1936 St Louis Ave.

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 this body is not embalmed, fact should be so stated above.