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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED JUL 8 1943

Primary Registration District No. 8063

Registrar's No. 1573

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution _____ (Specify whether _____)

In this community _____ 37 years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6727 Plainview
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Julius Haemmerle

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1943 hour 26 minute 2 a.m.

3. (b) If veteran, name war none

3. (c) Social Security No. _____

4. Sex male

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

5. Color or race white

6. (a) Single, widowed, married, 2 divorced widowed

Immediate cause of death Natural causes. Duration _____

6. (b) Name of husband or wife Lucille Haemmerle

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 2 1906
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>4</u>	<u>24</u>	hr. _____ min.

Due to Chronic interstitial pneumonia.

Due to _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation electrician

Major findings: Of operations _____

Of autopsy Yes.

11. Industry or business _____

12. Name John Haemmerle

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Werner

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Allice Haemmerle

(b) Address 6727 Plainview

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof June 30-43
(Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James H. Berry (M. D. or other) _____

Address Kirkwood, Mo. 6-28-43 Date signed _____

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

MOTHER FATHER

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

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

Signed

Virgil L. Berryman

.....
Licensed Embalmer No.

4018

P. O. Address

St. Louis, Mo.

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.