

S. No. 2
OM-5-43
v. 5-17-39
I X36671

State File No.

FILED SEP 2 1946
Registration District No.

Primary Registration District No. **1003**

Registrar's No. **2405**

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

1. PLACE OF DEATH:

(a) County..... **St. Louis**

(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Deaconess Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Franklin** **36**

(c) City or town..... **New Haven**
(If outside city or town limits, write "RURAL") **NR 0**

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

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

If yes, name country.....

3. (a) PRINT FULL NAME **Robert H. Vemmer**

3. (b) If veteran, name war..... **Nil**

3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **23** year **1946** hour **1** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **July 2** 1946, to **August 23** 1946; that I last saw him alive on **August 20** 1946; and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife..... **Unknown**

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

7. Birth date of deceased. **September 15 1893**
(Month) (Day) (Year)

Immediate cause of death..... **Hypertensive Heart Disease** **1 yr** Duration

8. AGE:	Years	Months	Days	If less than one day
	52	11	8 hr. min.

Due to..... **General Arterio-Sclerosis** **4 yr (?)**

9. Birthplace..... **New Haven Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Restaurant Operator**

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

MOTHER { 11. Industry or business.....

12. Name..... **William Vemmer**

13. Birthplace..... **Unknown Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Elizabeth Kluesner**

15. Birthplace..... **Unknown Missouri**
(City, town, or county) (State or foreign country)

Major findings: Of operations.....

Of autopsy.....

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

MOTHER FATHER { 16. (a) Informant..... **Mrs. Johanna Vemmer**

(b) Address..... **New Haven, Mo.**

17. (a) **Burial** (b) Date thereof **8-27-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New Haven, Missouri**

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?.....

18. (a) Signature of funeral director..... **NeFertig and Son**

(b) Address..... **New Haven, Missouri**

19. (a) **AUG 26 1946** (Date received local registration)
J. F. Break (Registrar's signature)

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature..... **G. P. Dieffler** (M. D. number).....
Address..... **634 N. Grand (3) St. Louis, Mo.** Date signed **8-26-46**

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.....

Henry M. Brammer

Licensed Embalmer No. *4200*.....

P. O. Address.....

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.