

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

6421

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 21 1963

VS 300  
Rev. 4/59

1  
2 203  
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4 1  
5 2  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis.**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Chronic Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY  
c. CITY OR TOWN **St. Louis,** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **6700 Odell Ave.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **Catherine Hempen**  
4. DATE OF DEATH Month Day Year **June 16, 1963**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH **9-2-1878** 9. AGE (last birthday) **84**  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **AT HOME** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Henry SCHUMACHER** 13b. MOTHER'S MAIDEN NAME **Elizabeth STAGE** 14. NAME OF HUSBAND OR WIFE **George Hempen (DEC'D)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) 16. SOCIAL SECURITY NO. 17. INFORMANT Address **GEORGE L. HEMPEN PIEDMONT Mo.**

18. CAUSE OF DEATH (Enter only one cause)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Myocardial Infarction**  
DUE TO (b) **Chronic Heart Disease**  
DUE TO (c) **4200**  
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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT SUICIDE HOMICIDE    20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **9-19-62** to **6-16-63** and last saw **her** alive on **6-1-6-63**  
Death occurred at **11:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Irish B. Cruz M.D.** 22b. ADDRESS **5800 Arsenal St.** 22c. DATE SIGNED **6-18-63**  
23a. BURIAL CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **6-19-1963** 23c. NAME OF CEMETERY OR CREMATORY **S.S. PETER & PAUL GEM.** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS, MO.**  
24. FUNERAL DIRECTOR **GEORGE BENZ MORTUARY 2842 MERAMEC** 25. DATE RECD. BY LOCAL REG. **JUN 18 1963** 26. REGISTRAR'S SIGNATURE **Loan Smith. M.D.**

No. \_\_\_\_\_  
 St. Louis, Mo. \_\_\_\_\_  
 St. Louis Chronic Hospital  
 Catholicism  
 White  
 Female  
 Name \_\_\_\_\_  
 St. Louis, Mo. \_\_\_\_\_  
 George Hansen  
 Name \_\_\_\_\_  
 St. Louis, Mo. \_\_\_\_\_  
 Name \_\_\_\_\_  
 St. Louis, Mo. \_\_\_\_\_

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Joe D. Benz  
 Licensed Embalmer No. 12049

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
 If this body is not embalmed, fact should be so stated above.

80-18-0