

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

Do not use this space.

21615

1. PLACE OF DEATH

County St Charles Registration District No. 757
Township St Charles Primary Registration District No. 3036
City St Charles (No. 417) S. 4th

File No. _____
Registered No. 87
St. 1 (Ward)

2. FULL NAME

George Hemsath

(a) Residence, No. 417 S. 4th St., 1 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28 - 1856

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------|----------|-----------|------|----------------------------------|
| <u>72</u> | <u>3</u> | <u>13</u> | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe Worker
(b) General nature of industry, business, or establishment in which employed (or employer) International Shoe Co.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Mo

10. NAME OF FATHER H. Hemsath

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY) _____

14. INFORMANT Sophia Hemsath
(Address) St Charles Mo

15. FILED 6/28 1928 By G. Plebsman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 14th, 1927, to Jan 11th, 1928, that I last saw him alive on Jan 10th, 1928, and that death occurred, on the date stated above, at 1.30 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Generalized arteriosclerosis.

Cerebral hemorrhage.

CONTRIBUTORY (SECONDARY) _____
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs
(Signed) B. P. Wentker, M. D.

June 11, 1928 (Address) St. Charles, Mo.

*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 DATE OF BURIAL

St Johns Cemetery June 13 - 1928
20. UNDERTAKER ADDRESS

Steinbrinker Turn Co St Charles Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

