

MAR 28 1930

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

Do not use this space.

6114

1. PLACE OF DEATH St. Joseph Hospital.
County St. Charles, Registration District No. 757
Township St. Charles, Primary Registration District No. 3036
City St. Charles. (No. _____, _____ St. _____ Ward)

File No. _____
Registered No. 25

2. FULL NAME Herman Henry Hemsath.
(a) Residence. No. Friedens, Missouri, St., 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) July 23, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
79 6 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ---
(c) Name of employer _____

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

10. NAME OF FATHER Casper Hemsath

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not known.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) ---

14. INFORMANT Mrs. Sophia Hemsath.
(Address) Friedens, Mo.

15. FILED 2/15, 1930 My G. Blaubaum
REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14, 1930

17. I HEREBY CERTIFY, That I attended deceased from 2/12, 1930, to 2/14, 1930 that I last saw him alive on 2/14, 1930, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertrophy of Prostate
Urinary retention (Uremia)
137.

135A (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) rupture of distended bladder during trip to hospital (duration) yrs. mos. 18 hrs.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH home

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/13/30

185 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Prostatic
(Signed) B. P. Weather, M. D.

2/14, 1930 (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 Friedens Cemetery DATE OF BURIAL Feb. 16, 1930.

20. UNDERTAKER* Steinbrinker Turn. Co ADDRESS 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.

