

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

Do not use this space.

AUG 23 1935

24310

1. PLACE OF DEATH

County..... St. Louis Registration District No. 790
 Township..... Central Primary Registration District No. 6033
 City..... Clayton (No. St. Louis County Hospital St. _____ Ward _____)

2. FULL NAME Edward Hesskamp

(a) Residence, No. 0'Fallon Str. St. _____ Ward. O'Fallon Mo
 (Usual place of abode) St. Charles County, Mo. (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ilda Hesskamp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April - 10 - 1890</u>		
7. AGE YEARS <u>45</u>	MONTHS <u>3</u>	DAYS <u></u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Cutter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>		
10. Date deceased last worked at this occupation (month and year) <u>1935</u>		11. Total time (years) spent in this occupation <u></u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Charles Mo</u>		
13. NAME <u>Heriman Hesskamp</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Ida Hesskamp</u> (ADDRESS) <u>O'Fallon, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Charles Mo</u> DATE <u>July - 14 - 35</u>		
19. UNDERTAKER <u>Leithley Mfg Co</u> (ADDRESS) <u>O'Fallon, Mo.</u>		
20. FILED <u>7/12</u> 1935 <u>Ilda J. Squarceli</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:55 PM
 The principal cause of death and related causes of importance were as follows:
Auto accident; struck by truck about 9000 West on St. Charles Road while walking on highway at about 9 PM taken to St. Louis hospital and died 9:55 PM. Date of onset _____
 Other contributory causes of importance: 200
Cause of death; Multiple fractures of all ribs of rt side, anterior and posterior. Puncture multiple of rt.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes
 23. If death was due to external causes (violence), fill in the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. W
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Fate B. Quinn 7/11/35, M. D.
 (Address) 3718 Jennings St.
Corner St. Louis Co., 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

9/6
2
7

81

1
16
30

lung. Multiple fracture of liver, rupture of rt. subclavian artery. Numerous lacerations about head, hands and left lower leg. Multiple fractures of skull, of vault and base, with maceration of brain.

Secondary; Hemorrhage, internal, external and shock.