

MAR 25 1936

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

Do not use this space.

12131

1. PLACE OF DEATH

County St. CharlesRegistration District No. 757Township St. CharlesPrimary Registration District No. 3036City St. Charles (No. St. Jos. Hospital)

File No. _____

Registered No. 45

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 909 Clay St. 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 4 yrs. 1 mos. 11 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 2nd, 19327. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
4 1 118. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo13. NAME Arthur Heschump14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo15. MAIDEN NAME Lucille Mueller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo17. INFORMANT (ADDRESS) Arthur Heschump
909 Clay St.18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cemetery DATE Mar 15, 193619. UNDERTAKER (ADDRESS) Hedemann Bone20. FILED 3/14 1936 Clarence H. Hessler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13, 193622. I HEREBY CERTIFY, That I attended deceased from St. Joseph's Hospital Mar 14, 1936Has been alive on _____, 1936 Death is saidto have occurred on the date stated above, at 1:30 P. M.

The principal cause of death and related causes of importance were as follows:

Accidental traumatism to the chest, lower jaw and possible head injury, while on a public highwayDate of onset Mar 13, 1936

Other contributory causes of importance:

noneName of operation none Date of noneWhat test confirmed diagnosis? Inquest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury, Mar 13, 1936Where did injury occur? St. Charles, Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

public placeManner of injury running into a truckNature of injury Crush chest and head injury24. Was disease or injury in any way related to occupation of deceased? noIf so, specify none(Signed) Miss L. Freeman, M. D.(Address) St. Charles, MoCoroner of 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.

