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.

FEB 12 1938

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

666
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1008 Registered No. 522

(c) City St. Louis (d) Street No. 2214 A Farrar St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William F. Hemstedt 523

(a) Residence, No. 2214A Farrar St. St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	- - -	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as 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) Germany b

FATHER

13. NAME William Hemstedt b

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany b

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Mary Hemstedt
(ADDRESS) 2214 A Farrar St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens Cem. DATE Jan. 17, 1938.

19. FUNERAL DIRECTOR Wm. F. Paschedag
(ADDRESS) 2825 N. Grand Blvd.

20. FILED JAN 16 1938 J. G. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to Jan 15, 1938
I last saw him alive on Jan 14, 1938 Death is said to have occurred on the date stated above, at 5:35A m.
The principal cause of death and related causes of importance were as follows:

Intestinal Hemorrhage

Date of onset

Other contributory causes of importance:

Cirrhosis of Liver

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Jos J Kessler M. D.
(Address) 3504 N 14th St.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Wm. F. Paschedag, Licensed Embalmer No. 2311

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Guy W. Wilkinson

L. E.

No. 3575 or by, Registered Apprentice No.

working under my personal supervision.

Signed Wm F Paschedag

Licensed Embalmer No. 2311

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)