

REC'D MAY 24 1938

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

Do not use this space.

15686

1. PLACE OF DEATH

County *St. Charles*
Township *St. Charles*
City *St. Charles* (No.)

Registration District No. *757*
Primary Registration District No. *2036*

File No.
Registered No. *50*
St. Ward)

2. FULL NAME

Louis J. Heskamp 251
(a) Residence, No. *231 Claymeyer St.* St. *1* Ward.

(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 *Emma Meyer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 8d, 1873*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Shoe - worker*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Shoe Factory*

10. Date deceased last worked at this occupation (month and year) *April 1937* 11. Total time (years) spent in this occupation *0*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Charles, Mo*

13. NAME *Heaman Heskamp*

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

15. MAIDEN NAME *Michelinein Luhlhoff*

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

17. INFORMANT *Mr. Emma Heskamp* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Lutheran Cemetery* DATE *April 5 1938*

19. UNDERTAKER *Haekmann - Bauer* (ADDRESS)

20. FILED *45* 19 *38* *Clarence A. Newell* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 3* 19 *38*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 5* 19 *38*, to *April 3* 19 *38*

I last saw him alive on *April 2* 19 *38*. Death is said to have occurred on the date stated above, at *1:45* m.

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

Cerebral apoplexy
Cerebral hemorrhage

Date of onset *Mar 5 1938*

Other contributory causes of importance: *None*

Name of operation *none* Date of *Mar 29 1938*
What test confirmed diagnosis? *Patho. & physical exam* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *none* 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. *none*
Manner of injury *none*
Nature of injury *none*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *none*

(Signed) *W. L. Freeman* M. D.
(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.

