

REC'D JUN 20 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18742

Do not use this space.

1. PLACE OF DEATH

(a) County **Lewis** Registration District No. **480**
 (b) Township **Union** Primary Registration District No. **5645** Registered No. **11**
 (c) City _____ (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Herman John Begemann
 (a) Residence, No. **1 mile west of La Grange** St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Lula Begemann**
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 2nd, 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**
 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) **Quincy, Ill.**
 (STATE OR COUNTRY)

13. NAME **Henry Begemann**

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

15. MAIDEN NAME **Wilhelmina Heidbreder**

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

17. INFORMANT **Mrs. Lula Begemann**
 (ADDRESS) **La Grange, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **La Grange** DATE **May 16th, 1938**

19. FUNERAL DIRECTOR (NAME) **A. A. Roberts**
 (ADDRESS) **La Grange, Mo.**

20. FILED **5/16 1938** **W. E. Kelley**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 13th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 10th, 1938** to **May 13th, 1938**
 Last saw him alive on **May 13th, 1938**. Death is said to have occurred on the date stated above, at **11 P. M.**
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis with Chronic Nephritis
131
 Date of onset **4.1.38**

Other contributory causes of importance:
Chronic Gout for 10 years

Name of operation **Prostatectomy** Date of **1928**
 What test confirmed diagnosis? **Prostate** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **no** 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) **W. E. Kelley**, M. D.
433 (Address) **La Grange, Mo.**

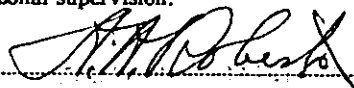
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, May 13th. 19

or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No. 1626

P. O. Address La Grange, Missouri

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

If this body is not embalmed, above space should be left blank.