JUN 30 1939

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

23172
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis | Registration District No. 784

(b) Township ~~Clayton~~ | Primary Registration District No. 101 | Registered No. 1162

(c) or City Clayton | (d) Street No. St. Louis County Hospital 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 625 August Hersemann

(a) Residence, No. 1204-N-7th St. St. ☐ St. Louis, Mo.
(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	Widowed

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Lizzie Hersemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6-1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	7	6	

OCCUPATION

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

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) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER

13. NAME August Hersemann 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER

15. MAIDEN NAME Lenora Weber

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

17. INFORMANT (ADDRESS) Mary Garbbrants R#2 Emden, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem. Date 6-16-39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) [illegible] Inc. Overland Mo. 5800

20. FILED JUN 30 1939 [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1939

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 10.40PM AM

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

	Date of onset
Automobile-truck accident. While riding as a passenger in an auto-truck while a passenger on a public highway.	6/12/39

Other contributory causes of importance: 210 m

Multiple fractures	6/12/39

Name of operation ..... Date of .....

What test confirmed diagnosis? physical signs Was there an autopsy? yes

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

Accident, suicide, or homicide? accident Date of injury 6/12/39

Where did injury occur? St. Ferdinand Twp. Mo. (Specify city or town, county, and State)

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

Public place

Manner of injury auto struck truck

Nature of injury multiple fractures

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John O. Connell, M. D.

(Address) Coroner of St. Louis Count, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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