

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19386

State File No. \_\_\_\_\_

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 85

1. PLACE OF DEATH:

(a) County St Charles  
 (b) City or town St Charles  
 (c) Name of hospital or institution 1015 Clay St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME EDWARD HOLLRAH 460

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color, or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Meiss 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased December 19th 1866  
 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St Charles County Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name John A. Hessler

13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Bekmeide

15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Martin G. Hessler

(b) Address St Charles Mo.

17. (a) Burial (b) Date thereof May 22, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Waltermann

(b) Address 376 N. 6th St - St Charles Mo

19. (a) 5/22/40 (b) Blair H. Hessler  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles  
 (c) City or town St Charles  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1015 Clay Street  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
 year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 19, 1940, to May 28, 1940;  
 that I last saw him alive on May 20, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Brain  
 Due to Adverse Schrodler  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration

12 hrs

PHYSICIAN

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Y  
 \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature T. C. Nardine (M. D. or other) \_\_\_\_\_  
 Address St Charles Mo Date signed 5-21-40

COPYING BACK IN—MAKE A PERMANENT RECORD

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 Arthur C. Basse

Licensed Embalmer No. 3NV

P. O. Address St Charles Tn

**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.**