

DEC 29 1941

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 208

**1. PLACE OF DEATH:**

(a) County St. Charles

(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1328 N 5th 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

**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. 1328 N 5th St (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** HERMAN JOHANN HEMSATH

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Catherine Buescher 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 8 1853 (Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired

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

MOTHER FATHER { 12. Name Casper Hemsath

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

14. Maiden name Not known 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Edwin Hemsath (b) Address St. Charles, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV. 14, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Hackmann - Bauh (b) Address 326 N 6th St St Charles MO.

19. (a) NOV. 10, 1941 (Date received local registrar) (b) Edmond B. Messer (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 9 year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 1 1941, to Nov 9 1941, that I last saw h.i.m. alive on Nov 9 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myo carditis Hypostatic Pneumonia

Due to \_\_\_\_\_

Due to Ca of the Nervous System

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 45 f Of autopsy NE

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Raymond H. Cooper (M. D. or other) Address St. Charles Date signed 11/19/41

Duration 7 days

15 yrs.

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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. Bane*  
Licensed Embalmer No. *3/55*  
P. O. Address, *St Charles Mo.*

**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, fact should be so stated above.**