

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 11 1943

State File No.

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 166

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Weeks
(Specify whether
In this community Lifetime
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. 840 Mac Donough
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Joseph L Hersting

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Olodia (Schuman) Hersting
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May 20 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 9
If less than one day hr. min.

9. Birthplace Josephville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Barryman

11. Industry or business

MOTHER FATHER
12. Name Henry Hersting
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Kause
15. Birthplace O. Sallow Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Joseph L Hersting
(b) Address 840 Mac Donough St. Charles
17. (a) Burial (b) Date thereof Oct. 2-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem. St. Charles

18. (a) Signature of funeral director H. E. Dallenport & Sons
(b) Address 801 N. Second St. Charles
19. (a) 9/30/1943 (b) Ernest E. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29
year 1943 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from Sept 10 1943 to Sept 29 1943
that I last saw him alive on Sept 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia
Due to Hydronephrosis of both Kidneys
Due to Neurogenic Paralysis of Bladder
Other conditions (Include pregnancy within 3 months of death)
Major findings: None
Of operations 123 f3
Of autopsy Same as above

Duration

PHYSICIAN

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?
While at work? (Specify type of place)
(e) Means of injury
23. Signature A. P. Perich (Other)
Address St. Charles Mo. Date signed 10/11/43

1340

(Licensed Embalmer's Statement on Reverse Side)

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

No. 2
5-42
6-42
X32873

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 John E. Dellmeyer
Licensed Embalmer No. 29571
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.