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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30751**
Registrar's No. **196**

Registration District No. **310** Primary Registration District No. **6051**

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:
Rural Rt # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
68 years
In this community **68 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St Charles**
(c) City or town **Weldon Springs**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **George F. Hesskamp**
(b) If veteran, name war..... (c) Social Security No.....

4. Sex **Male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Alma Hesskamp**
(c) Age of husband or wife if alive **65** years
7. Birth date of deceased **October 31 1879**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	10	18	hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **Farm**

MOTHER FATHER
12. Name **Herman Hesskamp**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Wilhelmina Kuhloff**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Alma Hesskamp**
(b) Address **Weldon Springs Mo**

17. (a) **Burial** (b) Date thereof **Sept. 22 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Harvester Cemetery**

18. (a) Signature of funeral director **Wachmann**
(b) Address **St Charles Mo**

19. (a) **10-4-48** (b) **Name Humston**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **20**
year **1948** hour **7** minute **0** M.
21. I hereby certify that I attended the deceased from **October 10 1946** to **Sept 20 1948**
that I last saw him alive on **Sept 16 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	3 days
Due to Coronary Sclerosis	
Due to Hypertension	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations..... Of autopsy.....	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) (c) Means of injury **1**
23. Signature **John J. Humston** (M. D. or other)
Address **St Charles Mo** Date signed **9-22-48**

RECEIVED

RECEIVED
District Health Officer No. 9,
District File Number
OCT 9 1948
Date Filed

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. Buss*

Licensed Embalmer No. *3155*

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.