

FILED JUN 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 6051

State File No.

20656

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6058 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY St. Charles, Mo.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			b. COUNTY St. Charles, Mo.			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Rural		c. LENGTH OF STAY (In this place) 37 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt. #2.						
d. FULL NAME OF HOSPITAL OR INSTITUTION. Rural Rt. # 2			d. STREET ADDRESS (If rural, give location) Rt #2 St. Charles, Mo.						
3. NAME OF DECEASED (Type or Print) Sophia			a. (First)	b. (Middle)	c. (Last) Hemsath	4. DATE OF DEATH (Month) (Day) (Year) June 9 1949			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 3, 1863		9. AGE (In years last birthday) 85	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Herman Dieckbernd			13b. MOTHER'S MAIDEN NAME Minnie Freese			14. NAME OF HUSBAND OR WIFE H. Herman Hemsath			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Fred H. Hemsath, Rt. #2 St. Charles, Mo						ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 15 min. 15 hrs 4 hrs
19a. DATE OF OPERATION None			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>not brought by any one</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE A. P. Erich Schuch, M.D.			23b. ADDRESS St. Charles, Mo.			23c. DATE SIGNED 6/9/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 12, 1949	24c. NAME OF CEMETERY OR CREMATORY Friedens		24d. LOCATION (City, town, or county) (State) St. Charles Co. Mo				
DATE REC'D BY LOCAL REG. 6-9-49		REGISTRAR'S SIGNATURE Francis H. Hensath		25. FUNERAL DIRECTOR'S SIGNATURE Frank Hensath		ADDRESS St. Charles, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JUN 16 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Arthur C. Bane

Signed _____

Student Embalmer

Licensed Embalmer No. _____

315-1

P. O. Address _____

St Charles Mo

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

If this body is not embalmed, fact should be so stated above.