

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38818
State File No. 38818

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9605**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 6921 Minnesota ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Fred	b. (Middle)	c. (Last) Hesemann	4. DATE OF DEATH (Month) (Day) (Year) November 6 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 13, 1865	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Minden, Illinois	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Louisa Bultmann	14. NAME OF HUSBAND OR WIFE Minnie Hesemann
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. non	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Hesemann 6921 Minnesota ave.
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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, asphyxia, etc. It means the disease, injury or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism		INTERVAL BETWEEN ONSET AND DEATH 9 days 3 weeks
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture R Elbow DUE TO (c) Fall in home		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - Sensitive Chronic		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 17, 1949 11:00 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall in the home
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22. I hereby certify that I attended the deceased from **Oct 21, 1949**, to **Nov 6, 1949**, that I last saw the deceased alive on **Nov 5, 1949**, and that death occurred at **5:20 p.m.**, from the causes and on the date stated above. **LD**

23a. SIGNATURE (Degree or title) Ray C. Whippas, M.D.	23b. ADDRESS 7702. Knox Ave	23c. DATE SIGNED 11/7/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 8, 1949	24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery	24d. LOCATION (City, town, or county) (State) 1800 Lemay Ferry Rd. Lemay, Mo.
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DATE REC'D BY LOCAL OFF. NOV 7 1949	REGISTRAR'S SIGNATURE J. B. Saratun	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 6161 Chippewa St.
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(Licensed Embalmer's Statement on Reverse Side)

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

ARCE Embalmer

10 am to 1 pm

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.

Student
Student Embalmer

Signed Harry Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.