

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21260

State File No. ....

FILED JUL 13 1950

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>114</u>	
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rt 2 St Charles</u>		c. LENGTH OF STAY (in this place) <u>82 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rt 2</u> <u>0920</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Rt 2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Edward</u>		b. (Middle) <u>H</u>		c. (Last) <u>Hemsath</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>14</u>		(Year) <u>1950</u>	
5. SEX <u>M</u> <u>0</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 18 1868</u>		9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>St Charles County</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ernest Hemsath</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Greiving</u>			14. NAME OF HUSBAND OR WIFE <u>Wilhelmina Hemsath</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Armin Hemsath Rt 2</u>		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension + hypertensive heart disease 2 yrs</u> DUE TO (c) <u>Leucosclerotic Advanced arteriosclerosis 2 yrs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>443X</u> (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>8 May, 1950</u> , to <u>14 June, 1950</u> , that I last saw the deceased alive on <u>14 June, 1950</u> and that death occurred at <u>12:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Alvin Louie</u>		(Degree or title) <u>0 M.D.</u>		23b. ADDRESS <u>114 N. Main St. Charles Mo</u>		23c. DATE SIGNED <u>17 June 50</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 17 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Charles Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-7-50</u>		REGISTRAR'S SIGNATURE <u>Hamie</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>284</u> <u>Wm. H. Neumann</u>		ADDRESS <u>Paul St Charles Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

923  
60

RECEIVED  
JUN 10 1950  
District Health Officer No. 9,  
District File Number

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.