

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17633

State File No.

FILED JUN 7 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 605B Registrar's No. 99

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

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>St Charles Rt # 2</u>		c. LENGTH OF STAY (in this place) <u>77 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rt #2</u>		<u>ST. CHARLES</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Rt # 2</u>			d. STREET ADDRESS (If rural, give location) <u>Rural Rt # 2</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u> b. (Middle) <u>Ernst</u> c. (Last) <u>Hemsath</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 26 1875</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u>	IF UNDER 14 HRS. Hours <u>2</u> Min.
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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 Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ernst Hemsath</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Griewing</u>		14. NAME OF HUSBAND OR WIFE <u>Juliana Hemsath</u>	
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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 ADDRESS <u>Edwain Hemasth Rt 2 St Charles Mo</u>		
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<u>Coronary occlusion</u>				<u>4 1/2 hrs.</u>
ANTECEDENT CAUSES	DUE TO (b) <u>Chronic myocarditis</u>				<u>5 yrs.</u>
	DUE TO (c) <u>Gen. Arterio sclerosis</u>				<u>10 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 24th 1952 to May 28th 1952, that I last saw the deceased alive on May 24th 1952 and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. P. Erich Schütz M.D.</u>		23b. ADDRESS <u>St Charles Mo.</u>		23c. DATE SIGNED <u>5/29/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 30 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Charles Mo</u>	
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DATE REC'D BY LOCAL REG. <u>5-30-52</u>	REGISTRAR'S SIGNATURE <u>Francis Heinzel</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Richardmann</u>		ADDRESS <u>St Charles Mo.</u>
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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 *Charles J. Macke*.....

Licensed Embalmer No. *4530*.....

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.