

Registration District No. 757 **FILED FEB 13 1940** Primary Registration District No. 3036 Registrar's No. 8

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:
1901 N. Second Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Sidney John Heesemann
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years
7. Birth date of deceased August 13 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 4 29 hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____
12. Name Raymond Heesemann
13. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Marie LeClair
15. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Raymond Heesemann
(b) Address 1901 N. Second, St. Charles, Mo.

17. (a) Burial (b) Date thereof Jan 16 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rest Home Cem. St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dellmeyer & Sons Co.
(b) Address 800 N. Second, St. Charles, Mo.
19. (a) 1/16/40 (b) Clarence B. Hessler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1901 N. Second St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 12
year 1940 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 11, 1940 to Jan 12, 1940
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Hdb

Due to _____
Due to Not typed

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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? _____
(Specify type of place) _____
While at work? _____ (b) Means of injury _____

23. Signature A. Perid Schuch (M. D. or other) _____
Address St. Charles Mo. Date signed 1/15/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

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, above space should be left blank.