1925

JAN 16

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34668

1. PLACE OF DEATH

County: St. Louis — Registration District No. 1123

Township: Carondelet — Primary Registration District No. 6248 B

City: ~~Koch~~ (No. Koch Hospital St. Ward)

File No. ____ Registered No. 419

2. FULL NAME Edward Hess

(a) Residence. No. 2708 Caroline St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. X mos. 1 ds. 3 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Annie Hess

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 11, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	65	1	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Shoe maker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

PARENTS

10. NAME OF FATHER: Daniel Hess

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pa.

12. MAIDEN NAME OF MOTHER: Barbara Witner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pal

14. INFORMANT: R. Koch Hospital Records

(Address): Koch Missouri

15. Filed Nov. 29, 1927 L. C. Obrod, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28, 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1927, to Nov. 28, 1927, that I last saw him alive on Nov. 28, 1927, and that death occurred, on the date stated above, at 12:45 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1st Pulmonary Tuberculosis

2nd Pulmonary Tuberculosis

3rd

4th

About 1 Year (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Luetic Aortitis Arteriosclerosis

Indeterminate (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X Ray and sputum

(Signed) A. L. Gallant, M. D.

11/28/27 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Grove Cemetery — DATE OF BURIAL: 11/30 1927

20. UNDERTAKER: A. W. McLaughlin — ADDRESS: 1631 Missouri

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.

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