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

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3801

Township ..... Primary Registration District No. 1013 Registered No. 1044

City St. Louis (No. 1328 S. 2nd St. ..... Ward)

2. FULL NAME Charles Ludwig Hess

(a) Residence. No. 1328 S. 2nd St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 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 Rosa Hess

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	9	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Iron worker
(b) General nature of industry, business, or establishment in which employed (or employer) 37
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

PARENTS
10. NAME OF FATHER Geo. Hess
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Charlotte Habig
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Rosa Hess
(Address) 1328 S. 2nd St.

15. FILED JAN 27 1931 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1931

17. I HEREBY CERTIFY, That I attended deceased from October, 1929 to Jan. 26, 1931 that I last saw him alive on Jan. 21, 1931 and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma face

(duration) 1 yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
3 DID AN OPERATION PRECEDE DEATH? yes DATE OF March 3, 30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical & pathology
(Signed) Chas. H. Heinsberg, M. D.
Jan. 26, 1931 (Address) 3232 Lafayette

*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	DATE OF BURIAL
Mo. Crematory	1-28 1931
20. UNDERTAKER	**ADDRESS**
Witt Bros. L & U. Co. 2929 S. Jefferson Ave	

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.