

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

Do not use this space.

7521

791
10003

1. PLACE OF DEATH
 County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis Mo. (No. 3745 Lindell).....
 2. FULL NAME Alphonse J. Hess
 (a) Residence. No. Lindell Green Park St. 19 Ward.....
 (Usual place of abode) 3745 Lindell
 Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No.....
 Registered No. 1867
 St. Ward.....

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-26-1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>53</u>	<u>6</u>	<u>15</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Office Mgr.
 (b) General nature of industry, business, or establishment in which employed (or employer) Sporting News Pub. Co.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Belleville
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Martin Hess

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

12. MAIDEN NAME OF MOTHER Barbara Dolich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alsace France
 (STATE OR COUNTRY)

14. INFORMANT Frank Hess
 (Address) 305 South Illinois St.

15. FILED May 1 19 1931
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-11-1931

17. I HEREBY CERTIFY, That I attended deceased from Feb-11-1931 to Feb-11-1931, and that I last saw him alive on Feb-11-1931, and that death occurred, on the date stated above, at 7:00 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
acute dilatation of heart

CONTRIBUTORY (SECONDARY) Myocarditis (chronic) (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?
 IF NOT AT PLACE OF DEATH, DATE OF.....
 (DID AN OPERATION PRECEDE DEATH?) no DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) K. L. Tate, M. D.
 (Address) 910 Century, 19

*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 Belleville Green Mt. Cem. DATE OF BURIAL Feb-14 1931

20. UNDERTAKER Geo. Renner ADDRESS Belleville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGB 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.

