

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

Do not use this space.

2432

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis*

Registration District No. *1003*  
Primary Registration District (No. *St. Lukes Hosp*)

File No.....  
Registered No. *Li 96* St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

*Infant Bess (Arthur E. Hess)*  
(a) Residence No. *5712 Kingsbury* St. *5* Ward.....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Wh</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Jan 3 - 1932</i>		
7. AGE	YEARS	MONTHS
	-	-
		DAYS
		-
		If LESS than 1 day, <i>8</i> hrs. or <i>50</i> min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <i>St. Louis</i> (STATE OR COUNTRY) <i>Mo</i>		
PARENTS	10. NAME OF FATHER <i>Arthur E. Hess</i>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>Day Landing</i> (STATE OR COUNTRY) <i>Ill</i>	
	12. MAIDEN NAME OF MOTHER <i>Emilee Clark</i>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>Boston</i> (STATE OR COUNTRY) <i>Mass</i>	

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 7 1932*

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at *8:00* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Prematurity & atelectasis & no genital genital*

(duration)..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *15* (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF *(1)*  
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) *J. J. C. Byland*, M. D., 19..... (Address) *St. Lukes Hospital*

\*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 *Valhalla* DATE OF BURIAL *Jan. 4 1932*

20. UNDERTAKER *Christman* ADDRESS *1225 Union*

14. INFORMANT *Emilee Hess*  
(Address) *5712 Kingsbury*

15. FILED *Jan - 4, 1932* *W. E. Starker*  
REGISTRAR

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.

WHILE LEAVING WITH CHANGING IN THIS IS A PERMANENT RECORD

