

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

Do not use this space.

17301

96
12
8
JUN 27

1. PLACE OF DEATH
County St. Louis Registration District No. 188
Township W. 1st Primary Registration District No. 471
W. 1st Groves (No. 348 Marshall Ave)
File No. _____
Registered No. 37
St. _____ Ward _____

2. FULL NAME Bertha Hess
(a) Residence, No. 348 Marshall St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas Hess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 5 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Hill St. Louis Missouri

FATHER
13. NAME Fredrick Piefer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Becker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Fred Hess
(ADDRESS) 211 Oak St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 5-15 1932

19. UNDERTAKER Parker Und. Co.
(ADDRESS) _____

20. FILED 5-15 1932 Dr. A. W. Nuten
2 - Calumet Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-12 1931, to 5-12 1932
I last saw her alive on 5-12 1932 Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:
Thrombosis of mesenteric arteries Date of onset 5/10/32
139C
92A
92A
Other contributory causes of importance: Chronic Endocarditis 140

Name of operation None Date of 5/13/32
What was confirmed diagnosis? Chronic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

5/ (Signed) Arthur W. Westrup, M. D.
14 (Address) 204 E. Big Bend
W. 1st Groves D.W.

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.

INANT RECORD

WRITE

* OCT 30 1955

order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

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Name: Bertha Bess

Who died at St. Louis (City) County (County) on May 12, 1932 (Date)

Residence: No. _____ St. _____ (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 9 Year 1921

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: Thrombosis of mesenteric artery

Other contributory causes of importance Chronic Endocarditis
Name of operation gargle of power leg date of _____ produced by embolus of popliteal artery

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town county and State)

Specify whether injury occurred in industry, in home, or in public place.

WITH UNFADING INK---THIS IS A PER

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