

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

Do not use this space.

24782

1. PLACE OF DEATH

County..... Registration District No. 707
 Township..... Primary Registration District No.
 City St. Louis, Mo. (No., Deaconess Hospital St. Ward)

File No.
 Registered No. 6192

2. FULL NAME Herman Hess.

(a) Residence, No. 211 N. Woodlawn, Kirkwood, Mo. X Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	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 Matilda Hess				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26th 1852				
7. AGE 80	YEARS	MONTHS 10	DAYS 19	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired,			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Bus.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)				
FATHER	13. NAME George Hess			
	14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)			
	15. MAIDEN NAME Sarah Peters			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)			
	17. INFORMANT Mrs. Matilda Hess (ADDRESS) 211 N. Woodlawn, Kirkwood, Mo.			
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE July 17th 19 33				
19. UNDERTAKER Glauch & Schmidt (ADDRESS) 3762 S. Grand Blvd.				
20. FILED L 17 333 J. F. Brudeck Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 15th** 19 **33**

22. I HEREBY CERTIFY, That I attended deceased from June 19 19 33, to July 15 19 33
 I last saw him alive on July 15 19 33 Death is said to have occurred on the date stated above, at 10.40 m. a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset **2 yrs.**
131
430
131
 Other contributory causes of importance: **Interstitial Nephritis** June 2, '33
 Name of operation **None** Date of **None**
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?, 19.....
 Where did injury occur?, 19.....
 (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
 (Signed) **Arthur W. Westrup** M. D.
 (Address) **204 E. Big Bend**
Webster Groves, Mo

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.

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204 2 May 1954