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.

NOV 10 1933

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

Do not use this space.

34864

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. [illegible] Registered No. 9041

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Infant Son of Olive L & Fred Hess

(a) Residence, No. 411 Oak Street St., 1 Ward. Webster Groves
(Usual place of abode) (If nonresident, give city or town and State)

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 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 — — —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 1933

7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, [illegible] hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) St Louis Missouri

FATHER

13. NAME Fred J Hess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Groves Missouri

MOTHER

15. MAIDEN NAME Olive L Hicks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

17. INFORMANT (ADDRESS) Fred J Hess 411 Oak St Webster Groves

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove DATE Oct 20 1933

19. UNDERTAKER (ADDRESS) Parker Undertaking Co Webster Groves Mo

20. FILED OCT 20 1933, 19 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from on Oct 19, 1933, to ....., 19....

I last saw him alive on Oct 19, 1933. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity (7 mo)

160B

Child lived about 15 min

159

Other contributory causes of importance:

Placenta Previa & Mother

159

Date of onset

Name of operation none Date of .....

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

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? no

If so, specify .....

(Signed) Lee Dorsett, M. D.

(Address) 1215 Mo. Bldg