

MAR 25 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

8587

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No.
City St. Louis (No. Deaconess Hospital) St. Ward (.....)

2. FULL NAME

Ida Hessel
(a) Residence, No. 2856 Wyoming St., 24 Ward. (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 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 John
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 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.
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) New Hanover Delaware

13. NAME Brandt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Emma Pitter 3420 Junata

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hanover, Md DATE March 2, 1936

19. UNDERTAKER (ADDRESS) Wacker, Waldside U.S. L.C. 2331 S. Broadway

20. FILED 2 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 25, 1936
22. I HEREBY CERTIFY, That I attended deceased from July 34 to Feb 28, 1936
I last saw her alive on Feb 28, 1936 Death is said to have occurred on the date stated above, at 9:30 pm.

The principal cause of death and related causes of importance were as follows:
Fracture of right femur 1-6-36
Fracture of rt. humerus 2-10-36
Hypertensive Cardis vascular Disease

Other contributory causes of importance:
Dislocation of rt. foot 18/10

Name of operation Date of
What test confirmed diagnosis? 1936 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Was it a violent death? Accid. Date of injury 1-6-1936
Where did injury occur? 2856 Wyoming St. St. Louis, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall
Nature of injury Fracture of rt. femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Edward E. Harts M. D.
(Address) 3723 S. Kingshighway

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.

