

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

Do not use this space.

SEP 15 1936

32501

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis**

(No. **3838 S. Main**)

File No.....

Registered No. **8328**

St. ....

Ward.....

2. FULL NAME **George L. Hess**

(a) Residence, No. **3838 S. Main** St. **24** Ward.  
(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) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 23 1902**

7. AGE YEARS **34** MONTHS **5** DAYS **15** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. **chauffer**

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) **Hungary**

13. NAME **Nicholas Hess**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

15. MAIDEN NAME **Anna Spindler**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

17. INFORMANT (ADDRESS) **Mildred Hess 3838 S. Main St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **No. Crematory** DATE **8-11-36**

19. UNDERTAKER (ADDRESS) **Wm. Bradeck 2924 S. Jefferson Ave.**

20. FILED **AUG 11 1936** **Wm. Bradeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 8 1936**

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

I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at **7 p.m. 8:20 p.m.**

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

**Gunshot Wound of heart, self-inflicted at residence, 8/8/36, at 8:05, 25, P.M.**

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Suicide** Date of injury **8/8, 1936**

Where did injury occur? **St. Louis, MO.** (Specify city or town, county, and State)

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

Manner of injury **Public Place** **gunshot wound,**

Nature of injury **hemorrhage**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Karol J. Blum**

(Address) **St. Louis, Mo.**

M.D.

