

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. 3433 Nebraska Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. **9919**  
Registered No. **2477**

2. FULL NAME George Hessler

(a) Residence, No. 3433 Nebraska Ave 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 Ida Hessler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
55 11 17 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storeman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Century Electric CO  
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) Missouri13. NAME Sebastian Hessler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Elizabeth Niederhoffer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Ida Hessler  
(ADDRESS) 3433 Nebraska Ave18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peter and Paul DATE March 4 193719. UNDERTAKER Peetz Brothers  
(ADDRESS) 3029 Lafayette Ave20. FILE MAR 2 1937 J. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1937 1922. I HEREBY CERTIFY, That I attended deceased from May 30, 1936, to Mar. 2, 1937I last saw him alive on Mar. 1, 1937. Death is said to have occurred on the date stated above, at 3:45 A.M.

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

Date of onset

Mediastinal Tumor  
(Classification unknown) 4/30/36

Other contributory causes of importance:

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

What test confirmed diagnosis? X-ray Was there an autopsy? No23. 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) K. B. Karn, M. D.(Address) 2002 So. Broadway

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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Dr. R.B. Lane  
2002 B. B. Lane