

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

Do not use this space.

APR 27 1937

13379

1. PLACE OF DEATH
 County St. Louis Registration District No. 788
 Township Jeff Primary Registration District No. 6411
 City Webster Groves (No. 801 Atalanta Ave.) St. _____ Ward _____

2. FULL NAME Dorothea Hess
801 Atalanta Ave. St. _____ Ward _____
 (a) Residence, No. _____ (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Ernest J. Hess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 0 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 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) Jefferson City I.O.

FATHER 13. NAME John Ammon

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ernest J. Hess
801 Atalanta Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 3-26 19. 37

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries
4228 So. Kingshighway

20. FILED 3-25-1937 Jules H. Gore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23 19 37

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1937, to 3/23, 1937

I last saw her alive on 3/23, 1937. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:
Osteo-Sarcoma of
P. Scapulae
 Date of onset 3/1/37

Other contributory causes of importance: 57
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? no

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 _____
 (Signature) Edw. J. Brennan M. D.
 (Address) 4724 S Grand Blvd

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.

Dr Edward Eyerman
2924 Lehigh Blvd

102