NOV 23 1937

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

Do not use this space.

38858

File No.

Registered No. 98

1. PLACE OF DEATH

County St. Louis Registration District No. 1160

Township Central Primary Registration District No. 470

City University City (No. 7018 Maryland St. Ward)

2. FULL NAME Henry H Hesse

(a) Residence, No. 7018 Maryland St., 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: Elizabeth M Hesse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 10 1861

7. AGE: Years 76 Months 1 Days 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

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): Germantown Ill.

FATHER

13. NAME: Hesse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Elizabeth M Hesse 7018 Maryland

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cemetery DATE: Oct. 11, 1937

19. UNDERTAKER (ADDRESS): Louis H Bopp Kirkwood Mo

20. FILED: Oct 8, 1937 Virginia Hirschl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15th, 1937, to October 8th, 1937

I last saw him alive on October 8th, 1937. Death is said to have occurred on the date stated above, at 12 P. m.

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

	Date of onset
1. Cirrhosis	
2. Bronchopneumonia (Terminal)	9/6/37
3. Encephalitis Lethargica	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? 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

(Signed) A. P. Martin, M. D.

(Address) 671 E. Big Bend Webster Groves, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.