

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

8811
Do not use this space.

1. PLACE OF DEATH **2**

(a) County.....**1** Registration District No.....**791**
 (b) Township..... Primary Registration District No.....**1003**
 (c) City **St. Louis** (d) Street No. **3951** **Connecticut** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Joseph R. Hessler 246**

(a) Residence, No. **3951 Connecticut** St. **16**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 12, 1911**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 **5** **26**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Bookkeeper**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**
 13. NAME **Otto Hessler**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Augusta Sturm**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

17. INFORMANT (ADDRESS) **Otto Hessler 3951 Connecticut Street**

18. BURIAL, CREMATION, OR REMOVAL **New SS. Peter & Paul Mar. 11, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Weick Bros. 2201 So. Grand Blvd.**

20. FILED **MAR 10 1938** *J. Bredeck* Local Registrar.

NO MEDICAL ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 8, 1938**

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at **5:00 A.M.**

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

Ruptured Aneurism of Ascending aorta due to Pressure due to reformed spine.

Other contributory causes of importance: **Haemorrhage.**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **Yes**

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) *Alfred J. Perry M.D.*
 _____ (Address) *Alfred J. Perry*

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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