

REC'D APR 11 1938

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

9041

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **3306 Vista Ave** 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.

Registered No. **2630**

## 2. PRINT FULL NAME

**Louis W. Hesse** **2.00**  
(a) Residence, No. **3306 Vista Ave** St. **18**  
(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) **Widower**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 30 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**65 1 18**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Machinist**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Amer. Steel Foundry**  
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) **Missouri**13. NAME **Louis Hesse**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT **Margaret Hesse**  
(ADDRESS) **3306 Vista Ave**18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter & Paul** DATE **March 21 1938**19. FUNERAL DIRECTOR **Petz Brothers**  
(ADDRESS) **3029 Lafayette Ave**20. FILED **MAR 19 1938** **J. P. Budick**  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 17 1938** 19

22. I HEREBY CERTIFY, That I attended deceased from **4 - 20**, 19**38**, to **3 - 17**, 19**38**  
I last saw him alive on **3 - 17**, 19**38** Death is said to have occurred on the date stated above, at **4:45 P.M.**

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

**Cerebral Hemorrhage**Date of onset **3/17/38**

Other contributory causes of importance:

**Lobar Pneumonia****3/13/38**

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

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

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) **W. H. Doherty**, M. D.(Address) **1452 So Grand**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Owens, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Frank J. Owens

Licensed Embalmer No. 2245

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)