

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.

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

30680
 Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis
 (d) Street No. Enroute to City Hospital
 (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. moa. ds.

3
 Registration District No. **791**
 Primary Registration District No. **1008**

Registered No. **8117**

2. PRINT FULL NAME

(a) Residence, No. 4632^{1/2} Delmar St. 12
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 - 1880

7. AGE YEARS 55 MONTHS 7 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Alphons
 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) Nokomis Ill.

FATHER 13. NAME Phil. Hoff
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Caroline Jaehl
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mary Montgomery 5352 Maffitt

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept 14 38

19. FUNERAL DIRECTOR (ADDRESS) Mullen Bros 4257 Lindell

20. FILED J. P. Bredsch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 1938

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

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at 5:45 A.M.

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

Mercuric Iodine poisoning Acute hemorrhagic colitis, Hepatic damage in intestinal tract due to poisoning self administered in forest

Other contributory causes of importance: Park near Jefferson Memorial on Sept 13th 1938 about 5:45 P.M.

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. Accident Date of injury 9/13 1938

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury See above
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? 4
 If so, specify.....

(Signed) Alfred Perry M. D.

(Address) Republic Korover

SEP 14 1938

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by....., Registered Apprentice No.
working under my personal supervision.

Signed *Thomas R. Fenwick*
Licensed Embalmer No. *3793*

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.)