

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

30941
Do not use this space.

1. PLACE OF DEATH **151 OCT 12 1938**

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Missouri** (d) Street No. **Lutheran Hospital** 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 **Mrs. Minnie Hessel**
 (a) Residence, No. **3188 Nebraska Avenue** St. **24**
 (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 <i>(write the word)</i> Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Hessel		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3, 1883		
7. AGE YEARS 55	MONTHS -	DAYS 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household		
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri		
13. NAME William Scheer		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.		
15. MAIDEN NAME Maria Wehking		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.		
17. INFORMANT Mr Charles Hessel (ADDRESS) 3188 Nebraska		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset H. Park DATE Sept. 26, 1938		
19. FUNERAL DIRECTOR (NAME) Beiderwieden F. H. Inc. (ADDRESS) 1936 St. Louis Avenue		
20. FILED St. Bredeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 23, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 18, 1930** to **Sept 23, 1938**
 I last saw her alive on **Sept. 23, 1938**. Death is said to have occurred on the date stated above, at **6:15 A.M.**
 The principal cause of death and related causes of importance were as follows:
Mediastinal Tubercular Abscesses & Pleurisy
 Date of onset **Jan 1937**

Other contributory causes of importance:
Tuberculosis of left lung apex Pleurisy with Effusion. 1936

Name of operation **Prostatectomy** Date of operation
 What test confirmed diagnosis? **Clinical + Path.** 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?
 If so, specify: **Henry P. Gaul** M. D.
 (Address) **2915 Cherokee St.**

SEP 26 1938

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.

Rev. W. P. ...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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.)

If this body is not embalmed, above space should be left blank.