

DEC 12 1938

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

37672

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 Mo.** (d) Street No. **5622 Delmar 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.

9999

Registered No. 9999

2. PRINT FULL NAME

(a) Residence, No. **5622 Delmar Ave** St. **5**
(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 (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mich Hursb		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1863		
7. AGE YEARS 75	MONTHS 3	DAYS 11
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. at home		
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) Memphis Tenn.		
13. NAME Sol. Hesse		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT (ADDRESS) Mich Hursb 5622 Delmar		
18. BURIAL, CREMATION, OR REMOVAL PLACE mt Sinai DATE 11/20 , 19 38		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wayer 4356 Lindell		
20. FILED NOV 19 1938 J. T. Bredeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 17, 1938**22. I HEREBY CERTIFY, That I attended deceased from **March 10, 1937, to Nov 17, 1938**I last saw her alive on **Nov 16, 1938**. Death is said to have occurred on the date stated above, at **8:30 a.m.**

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

Acute Endocarditis **11/3/38**
Chronic Bronchitis **5/38**
Gastric Ulcers **11/37**

Other contributory causes of importance:

Name of operation **None** Date of **April 1938**
What test confirmed diagnosis? **None** 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? _____
If so, specify _____(Signed) **Geo B. Brown** M. D.
(Address) **3442 Berthelaine Ave**

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.....

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.