Y -2 1939 REC'D MAY 11 1939

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

16213
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township Carondelet — 2 Primary Registration District No. 300 — Registered No. 796
(c) or City Jefferson Barracks, (d) Street No. Station 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 Ressy, Alexander
(a) Residence, No. 914 Longwood Avenue St. New York City, New York
(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) October 31, 1921

7. AGE: Years 17 | Months 7 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Enrollee
9. Industry or business in which work was done, as saw mill, bank, etc. U. S. CCC
10. Date deceased last worked at this occupation (month and year) April 23, 1939
11. Total time (years) spent in this occupation 19/365

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City, New York

FATHER
13. NAME Unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown

MOTHER
15. MAIDEN NAME Josephine Ressy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown

17. INFORMANT (ADDRESS) Form 1, Individual records, CCC Officer, Jefferson Barracks.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New York City, N.Y. DATE May 3, 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U.A.L.Co.
(ADDRESS) 7814 S. Broadway

20. FILED MAY -2 1939 T. R. Myers M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1939 to May 1, 1939
I last saw him alive on May 1, 1939. Death is said to have occurred on the date stated above, at 9:45 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hemorrhage, post operative(time intervening 8 days) fatal, of the right external iliac artery, due to erosion in the indurated tissues.	

Other contributory causes of importance:
1. Appendicitis, acute, ruptured gangreneous.
2. Peritonitis, generalized due to No. 1.

Name of operation Appendectomy Date of 4-23-39
What test confirmed diagnosis? clinical 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? No
If so, specify —

(Signed) W. C. Corson W. C. CORSON, Capt Med-Res. M. D.
(Address) Station Hospital, Jefferson Bks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

APR 3 1958

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, [redacted] .....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 So Broadway

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

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