

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.

REC'D JUN 12 1939

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

17119
 Do not use this space.

1. PLACE OF DEATH

(a) County.....² Registration District No.....⁷⁹¹
 (b) Township..... Primary Registration District No.....¹⁰⁰⁸
 (c) ^{or} City St. Louis (d) Street No. 3848a Utah Pl. 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

(a) Residence, No. 3848a Utah Pl. St. 16 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Herman Hess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1st 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	75	0	19	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year).....	

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Geo. W. Thorn

FATHER 14. BIRTHPLACE (CITY OR TOWN) Pennsylvania (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Schilling

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY)

17. INFORMANT William Hess (ADDRESS) 6905 Berthold Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 5-23, 1939

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED MAY 22 1939 J. D. Butler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1939, to May 20, 1939

I last saw her alive on May 20, 1939. Death is said to have occurred on the date stated above, at 9:25 A.M.

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

Cerebral thrombosis Date of onset

Other contributory causes of importance:
Hypertension
arterial sclerosis
6 hr. myocarditis

Name of operation None Date of 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) Ralph Thompson, M. D.
 (Address) 3206 Francis
St. Louis, Mo.

3606 Kansas, Dr: 5489
44 3570
+ 3 2-3

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 *Edwin M. Bennett*

Licensed Embalmer No. *3024*

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.