

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34043**
Registrar's No. **8740**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT
FULL NAME

JOHN HESSEL

8. (b) If veteran,

name war **No.**

3. (c) Social Security

No. **No.**

4. Sex **Male**

5. Color or
race **White**

6. (a) Single, widowed, married,
divorced **Widowed**

6. (b) Name of husband or wife

Mary

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

Feb.
(Month)

25
(Day)

1862
(Year)

8. AGE:

Years

Months

Days

If less than one day

78

7

28

hr.

min.

9. Birthplace

(City, town, or county)

Germany

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Rupert Hessel

13. Birthplace

(City, town, or county)

Germany

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

(City, town, or county)

Germany

(State or foreign country)

16. (a) Informant's own signature

Mrs. Ida Nischwitz

(b) Address

Edwardsville, Ill.

17. (a) **Removal**

(Burial, cremation, or removal)

(b) Date thereof

10/23/40

(c) Place: burial or cremation

Edwardsville, Ill.

18. (a) Signature of funeral director

Albert H. Hoppe

(b) Address

4700 Washington Ave.

19. (a) **OCT 23 1940**

(Noted received local registrar)

(b)

J. J. C. C.
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **ILLINOIS** (b) County _____
(c) City or town **GRANITE CITY** **NR**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.R. 2**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **22**
year **1940** hour **1** minute **00** P. M.

21. I hereby certify that I attended the deceased from
September 30, 1940, to October 22, 1940;
that I last saw him alive on **OCTOBER 22, 1940;**
and that death occurred on the date and hour stated above.

Immediate cause of death

Peritonitis -

Duration

4 day

Due to

operation (cholecystectomy)

Due to

fluid which became infected

Other conditions

(Include pregnancy within 3 months of death)

Ca. of head of pancreas from

Major findings:

Of operations

Carcinoma - head of

pancreas ? bile duct ?

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

S. M. Harrison

(M. D. or other)

Address

BARNES HOSPITAL

Date signed **Oct 22**

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.....

Gay W. Wilkinson

Licensed Embalmer No.....

3575

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.