

No. 2
1-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16617

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4135

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 5051 Idaho
(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 Betty Hessel

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oliver Hessel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 21 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 4 25 hr. min.

9. Birthplace Archer Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Bornhold
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Hessel
(b) Address 5051 Idaho

17. (a) Burial (b) Date thereof 5/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director Relumadine Ltd Co
(b) Address 3013 Meramec

19. (a) MAY 16 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")
(d) Street No. 5051 Idaho 9
(If rural, give location)
(e) Citizen of foreign country? Attending Physician (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1941 hour 12.15 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Stenosis with fatty Myocardium of Cor tri
Due to Malignant Nephrosclerosis
Duration _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Pending 1310
Of operations _____
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) (c) Means of injury _____

23. Signature Thomas Halloran (M. D. or other) 3
Address Deputy Coroner Date signed 5/16/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

George J. Schauland
working under my personal supervision.

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

Signed *George J. Schauland*

Licensed Embalmer No. *2906*

P. O. Address *3013 Merano*

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, fact should be so stated above.