S. No. 2
I—9-4-41
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PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8702 2769

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1829 So. Tenth St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 17 9

(c) City or town St Louis, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1829 So. Tenth St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Helen Hessling

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bernard

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June (Month) 29 (Day) 1886 (Year)

8. AGE: Years 55 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Franko, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Wengel Wodahasky
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Marie Schirr
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Bernard Hessling
(b) Address 1829 So, Tenth St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation Dixon Mo.

18. (a) Signature of funeral director Albert H Hoppe
(b) Address 4700 Washington

19. (a) MAR 27 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1942 hour 7 minute 10 M.

21. I hereby certify that I attended the deceased from Sept 1
1940, 19, to March 26, 1942
that I last saw her alive on March 26, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hepatic Cirrhosis	1 yr
Valvular Heart Disease	
Due to Arterio Sclerosis	
Due to	1
Other conditions General anasarca for 1 year (Include pregnancy within 3 months of death)	

Major findings:
Of operations non
Of autopsy non

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?
(Specify type of place)
While at work? (e) Means of injury —

23. Signature [illegible] (M. D. [redacted])
Address [illegible] Broadway Date signed 3/27/42

(Licensed Embalmer's Statement on Reverse Side)

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. Wilford G. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.