

FILED NOV 6 1942 **318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **9072**

**1. PLACE OF DEATH:**  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**5432 Bates Street**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community **Life**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **12**  
 (c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5432 Bates Street**  
(If rural, give location)  
 (e) Citizen of foreign country? **--** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Frank W. Hess**  
 (b) If veteran, name war **Yes, World War** (c) Social Security No. **702-12-4291**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **October** day **28**  
 year **1942** hour **5** minute **30 P.M.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 (b) Name of husband or wife **Clara Hess** (c) Age of husband or wife if alive **44** years  
 7. Birth date of deceased **January 21 1892**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **Sept 4** to **Oct 30**, 19**42**  
 that I last saw **him** alive on **Oct 25**, 19**42**  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years **50** Months **9** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Coronary Occlusion**  
 Duration \_\_\_\_\_

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

Due to **Atherosclerosis**  
 Due to **Coronary Sclerosis**

10. Usual occupation **Formerly Time Keeper**  
 11. Industry or business **Terminal RR, East St. Louis**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**MOTHER FATHER**  
 12. Name **Unknown**  
 13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown**  
 15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Clara Hess**  
 (b) Address **5432 Bates Street**  
 17. (a) **Burial** (b) Date thereof **10 31 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Sunset Burial Park**

**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? \_\_\_\_\_

18. (a) Signature of funeral director **Frank W. Hess**  
 (b) Address **3634 Gravois Avenue**  
 19. (a) **Oct 30 1942** (b) **J. F. Bruce**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature **J. F. Bruce** (M. D. or other) **MD**  
 Address **5899 Delmar** Date signed **10/30/40**

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

*B*

JUN 24 1945

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**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 Frank J. Ireland  
Licensed Embalmer No. 2645  
P. O. Address St. Louis, Mo

**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.**