V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4301

FILED MAR 10 1943

Registration District No. .....

Primary Registration District No. 1003

State File No. .....

Registrar's No. 1831

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: 3808 Lee Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 9 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3808 Lee Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Almyra Virginia Hess

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex F

5. Color or race W /

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased October 1 (Month) 1857 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	4	19	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Virginia 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Joe Hess

(b) Address 3808 Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (Month) (Day) (Year)

(c) Place: burial or cremation Patterson, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) FEB 24 1943 (Date received local registrar) (b) J. F. Busch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1943 hour 10 minute 8 M.

21. I hereby certify that I attended the deceased from 1/7/43, 19..., to 2/20, 1943 that I last saw her alive on 2/19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to .....

Due to .....

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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) No

(b) Date of occurrence No

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)

While at work? No (e) Means of injury .....

23. Signature Paul Bernstorff (M. D. or other)

Address 3919 W Pleasant Date signed 2/22/43

(Licensed Embalmer's Statement on Reverse Side)

1831

1831

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 Guy 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, fact should be so stated above.