. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8390

FILED MAR 25 1943 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2559

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: 4624 Alaska Avenue / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 54 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town City of St. Louis 9 15 (If outside city or town limits, write "RURAL")
(d) Street No. 4624 Alaska Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rosina Hessler

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex female
5. Color or race white 1
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 March (Month) 9 (Day) 1857 (Year)

8. AGE: Years 86 Months -- Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At. Home

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

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

16. (a) Informant Otto Hessler
(b) Address 4624 Alaska
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 South Grand Blvd
19. (a) MAR 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year ~~1943~~ hour 6 minute 15 a.M.

21. I hereby certify that I attended the deceased from Nov. 12, 1942, to March 16, 1943, that I last saw her alive on March 16, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Embolism	1 day
Due to Fracture femur, Chr. myocarditis	Nov 12-42
Due to Chr. Endocarditis Mitral, Chr. Nephritis Interstitial	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none
Of autopsy none

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) ~~yes~~ Accident
(b) Date of occurrence Nov. 12 1942
(c) Where did injury occur? home (City or town) 000 (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury fall poor vision

23. Signature [signature] (M. D. or other) MD
Address 2767 Chavois Date signed 3-16-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. DOUBECK
2767. GRAVOIS.
PR. 0310.
Mrs. Hessler.

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.