

FILED MAY 19 1943
Registration District No. 518

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis.**
(c) Name of hospital or institution:
716 Souldard St. 1
(d) Length of stay: In hospital or institution..... **65 years**
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis,**
(d) Street No..... **716 Souldard Str**
(e) Citizen of foreign country?..... **No**
If yes, name country.....

3. (a) PRINT FULL NAME **Arthur M. Hess**

3. (b) If veteran, name war..... **No**
3. (c) Social Security No. **489-09-4785**

4. Sex..... **Male**
5. Color or race..... **Wht;**
6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Anna Hess**
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 65 Unknown hr. min.

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

10. Usual occupation..... **Laborer**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Arthur Hess**
13. Birthplace..... **Germany**
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown**

16. (a) Informant..... **Anna Hess**
(b) Address..... **716 Souldard Str**
17. (a) **Burial** (b) Date thereof..... **5/12/43**
(c) Place: burial or cremation..... **New S.S. Peter & Paul**

18. (a) Signature of funeral director..... **J. F. Budack**
(b) Address..... **1926 Allen Avo.**
19. (a) **MAY 11 1943** (b) **J. F. Budack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day..... **10th**
year..... **1943** hour..... **4:00** minute..... **A.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.....
Coronary Sclerosis;
Arteriosclerosis.

Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature..... (M. D. or other)
Address..... Date signed..... **5/10/43**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 ME

....., Registered Apprentice No.
working under my personal supervision.

Signed John L. Snodgrass

Licensed Embalmer No. 1467

P. O. Address 1926 Allen St

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.