

FILED JUN 4 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4600

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:
4338 Virginia 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 Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4338 Virginia Ave.
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Henry B. Hess

3. (b) If veteran, name war No

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Barbara E. Hess 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased October 26, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 20 hr. _____ min.

9. Birthplace Troy, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Valentine Hess

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Schultz

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Barbara E. Hess
(b) Address 4338 Virginia Ave.

17. (a) Cremation (b) Date thereof 5 18 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Jackson-Walsh & Co.
(b) Address 3634 Gravois Ave.

19. (a) MAY 18 1943 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1943 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb. 12th
1942 to May 16th 1943
that I last saw him alive on March 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Chronic Myocarditis
Due to 57 years

Other conditions Malignancy of Bladder
(Include pregnancy within 3 months of death) Dr. H. Lund

Major findings: Bladder Malignancy
Uremia
Of operations _____
Of autopsy _____

Duration

Subsec
Year

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?

While at work? _____ (Specify type of place) (or) Means of injury _____
23. Signature Arnold S. Sellen (M. D. or other) M.D.
Address 2632 Kings Highway Date signed 5-17-43

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

MOTHER FATHER

JUL 2 1948

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.....

Licensed Embalmer No. *9675*

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.