

FILED JUN 12 1943

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Highway #40 - Rural.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(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:

(a) State Missouri (b) County 61

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

(d) Street No. 4234 Beck Ave.,
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ralph Louis Hesskamp

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

3. (c) Social Security No. 493-10-5262

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1943 hour 5 minute P M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Verna

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased July 17 1909
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day

33	10	19 hr. min.
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Immediate cause of death Struck by lightning. Duration

9. Birthplace St. Charles Mo. 0
(City, town, or county) (State or foreign country)

Due to Electrocution.

Due to.....

10. Usual occupation Mechanic

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

11. Industry or business Montsano Chemical Co.

PHYSICIAN

MOTHER FATHER {

12. Name Herman Hesskamp

13. Birthplace St. Louis Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Juliana Nolle

15. Birthplace St. Charles Mo. 0
(City, town, or county) (State or foreign country)

Major findings: Of operations.....

Of autopsy Yes. 1943

Underline the cause to which death should be charged statistically.

16. (a) Informant Verna Hesskamp

(b) Address 4234 Beck Av., St. Louis

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof June 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) Accident 0

(b) Date of occurrence June 6, 1943

(c) Place: burial or cremation Sunset Burial Park.

(c) Where did injury occur? Highway #40
(City or town) (County) (State)

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

18. (a) Signature of funeral director [Signature]

While at work?..... (Specify type of place)

(e) Means of injury 3

(b) Address 1906 St. Louis

19. (a) Jun 9 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature Louis H. Hoff (M. D. or other) corner

Address Kirkwood, Mo. 6-7-43 Date signed.....

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

2009 16 7100

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..... *Delis J. Krupin*
Licensed Embalmer No..... *3497*
P. O. Address..... *1936 St Louis*

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.