

FILED SEP 11 1943

Registration District No. 317

Primary Registration District No. 3068

W 626

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

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2629 OAK VIEW TERRACE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 74 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL")

(d) Street No. OAK VIEW TERRACE
(If rural, give location)

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

3. (a) PRINT FULL NAME HENRY HESS

3. (b) If veteran, name war NO

3. (c) Social Security No. 489-14-3879

4. Sex MALE 5. Color or race WHITE

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

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

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

7. Birth date of deceased AUGUST-19-1869
(Month) (Day) (Year)

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

74 — 17 hr. min.

9. Birthplace WEBSTER GROVES MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business RETIRED

MOTHER FATHER

12. Name CHARLES HESS

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

14. Maiden name BENIA HORCH

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

16. (a) Informant Leary Hess

(b) Address 2629 Oak View Terr.

17. (a) BURIAL (b) Date thereof SEPT-8-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES MO.

19. (a) _____ (b) E. G. Mc Garran
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day Sept
year 1943 hour 1 minute 23 A M.

21. I hereby certify that I attended the deceased from Henry Hess
Hess, 1941 to _____ 19____

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerotic Heart Disease

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: none

Of operations apnd

Of autopsy none

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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) (e) Means of injury _____

23. Signature John P. Murren (M. D. or other) _____

Address 18648 Oakview Date signed 9/7/43

50
3/43

SEP 8 - 1943

707

SEP 13 1968

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 E. B. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Grove

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.