S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

12899

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 9 1944

Registration District No. 318 Primary Registration District No. 1004 Registrar's No. 3766

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:
City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 4

(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")

(d) Street No. 3634a Nebraska
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph F. Hesse

3. (b) If veteran, name war

3. (c) Social Security No. 497-07-4543

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Carrie Hesse

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept. (Month) 9 (Day) 1872 (Year)

8. AGE: Years 71 Months 7 Days 11 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Printer

11. Industry or business Printing

FATHER
12. Name Louis C. Hesse
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Minnie Meyer
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Carrie Hesse
(b) Address 3634 Nebraska av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden funeral home
(b) Address 1936 St Louis ave

19. (a) APR 24 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 20
year 1944 hour 7 minute 45 P 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 Subdural Hemorrhage of Brain, when he was struck by a street car being operated

Due to by one Victor George Roscoe at 20th and Washington about

Due to 5:00 pm April 20 1944

Other conditions (Include pregnancy within 3 months of death) 171

Major findings:
Of operations
Of autopsy 31

Duration

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) Accident 000
(b) Date of occurrence April 20 1944
Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury Street Car

23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 4/23/44

(Licensed Embalmer's Statement on Reverse Side)

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 G W Hatz

Licensed Embalmer No. 3737

P. O. Address 936 St. Louis Av

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.