V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23063

State File No.

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 6580

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Lutheran Hospital. 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St.Louis. 910
(If outside city or town limits, write "RURAL")

(d) Street No. Fair Ground Hotel.
(If rural, give location)
3644 Natural Bridge

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

3. (a) PRINT FULL NAME August G.Hearst.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W. 0

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Lena Hearst.

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

7. Birth date of deceased April (Month) 1, (Day) 1892; (Year)

8. AGE: Years 52 Months 3 Days 24 If less than one day hr. min.

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

10. Usual occupation Salesman.

11. Industry or business A.S.Aloe Co.

FATHER
12. Name Charles W.Hearst.
13. Birthplace Germany. (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Louise O'Bert.
15. Birthplace St.Louis,Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Carl Hearst.
(b) Address 333 North Hill Drive.Normandy

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) JUL 27 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th.
year 1944 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from 5/10 1944, to 7/25 1944;
that I last saw him alive on 7/25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver
Ch Myocarditis
~~Due to~~ Probable coronary occlusion

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)
(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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature R Berg (M. D. ~~or other~~)
Address 2253 Nebraska Date signed 7/26/44

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1959

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.