V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35975

Registrar's No. 10079

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: 1730 Dolman St.
(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 Mo. (b) County 000

(c) City or town St. Louis 123
(If outside city or town limits, write "RURAL")

(d) Street No. 1730 Dolman St. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry L. Hesse

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Rose Hesse

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Mar. 2 1867
(Month) (Day) (Year)

8. AGE: Years 77 | Months 8 | Days 23 | If less than one day hr. min.

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

10. Usual occupation Retired Printer

11. Industry or business

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

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

16. (a) Informant Rose Hesse
(b) Address 1730 Dolman St.

17. (a) Burial (b) Date thereof 11-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cem.

18. (a) Signature of funeral director Witt Bros. Lt. Mo.
(b) Address 2929 S. Jefferson Av.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1944 hour 7 minute 50 p. M.

21. I hereby certify that I attended the deceased from Mar. 4, 1936, to Nov 25, 1944; that I last saw him alive on Nov. 24, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of prostate c̄ generalized metastases	10 mo.
Due to Chronic myocarditis	several years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) no
(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 Wm. J. Wotawa Mo. (M. D. or other)
Address 3804 Wilmington Ave. Date signed 11/27/44

(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.....

.....Rowland....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Edgar F. Witt.....

Licensed Embalmer No.....3117.....

P. O. Address.....

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.