

S. No. 2
M-8-43
v. 5-17-39
-I X37823

38783/

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 20 1944
Registration District No. 3/1

Primary Registration District No. 6076

Registrar's No. 2294

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Olivette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9415 Old BonHomme Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years
years, months or days

3. (a) PRINT FULL NAME LOUISE HESSE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife John P. Hesse 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased 10 11 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>0</u>	<u>25</u>	hr. _____ min.

9. Birthplace Highland Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Jacob Herzog

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

14. Maiden name Unknown

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

16. (a) Informant J. C. Hesse

(b) Address 9415 Old VonHomme Road

17. (a) Burialers Cemetery Date thereof 11-9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Alexander P. Bone

(b) Address 6175 Delmar Boulevard

19. (a) NOV 10 1944 (b) E. H. Mallon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91
(c) City or town Olivette
(If outside city or town limits, write "RURAL")
(d) Street No. 9415 Old BonHomme Road
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th
year 1944 hour 8⁴⁵ minute 5 M.

21. I hereby certify that I attended the deceased from October 6th 1944 to Nov. 6th 1944
that I last saw her alive on Nov 4th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: reflex poisoning from gangrene of toes
Due to: 1 foot left side.

Other conditions: Arterio-sclerosis
(Include pregnancy within 3 months of death)

Major findings: no operations
Of operations _____
Of autopsy not done 98

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? _____

While at work? _____ (Specify type of place)
Means of injury George Becker
Signature _____ (M. D. or other)
Address 674 N. Grand ave Date signed 11/17/44

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

600

Dr. Stucker
no. Theatre Bldg

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo

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.