

FILED APR 27 1945

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1819 Rauschenbach Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 58 years (Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1819 Rauschenbach Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Arthur Hess

3. (b) If veteran, name war none

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Barbara Hess

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 22nd. 1886
(Month) (Day) (Year)

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

58 8 24 hr. _____ min.

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

10. Usual occupation Pie Saleman

11. Industry or business Atlas Pie Co.

MOTHER FATHER { 12. Name Albert Hess

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

14. Maiden name Minnie Doll

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

16. (a) Informant Mrs. Barbara Hess

(b) Address 1819 Rauschenbach Ave.

17. (a) Burial (b) Date thereof 4-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cem. Hy. Leidner U. Co.

18. (a) Signature of funeral director _____
(b) Address 2223 St. Louis Ave.

19. (a) APR 17 1945 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th.
year 1945 hour 3:15 AM minute _____ M.

21. I hereby certify that I attended the deceased from Pub. 6/1/43
_____ 19 _____ to April 16. 1945 _____ 19 _____

that I last saw him alive on April 18 45 _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery Duration 2 hrs

Due to _____

Due to _____

Other conditions Coronary artery 2 hr
(Include pregnancy within 3 months of death)

Major findings: Ch. ruptures A7 PHYSICIAN _____

Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. F. Braddock (M. D. or other) _____
Address 1872 Madison Date signed 4/17/45

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

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..... *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address..... *2223 St. Louis Ave*

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.