

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. **22050**

FILED AUG 13 1945

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **6961**

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:
Jewish Hospital 0
 (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)

3. (a) PRINT FULL NAME **Frederick E. Hess**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sophia Hess** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **June 6 1885**
 (Month) (Day) (Year)

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

60	2	1	hr. _____ min.
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9. Birthplace **Alton Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Packer**

11. Industry or business **Owens Illinois Glass Co.**

MOTHER FATHER

12. Name **Frederick Hess**

13. Birthplace **Unknown Unknown 9**
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown 9**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Frederick B. Hess**

(b) Address **2621 Yager, Alton, Ill.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **8-8-45**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Alton, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **Aug 7 1945** (Date of registration) **J. F. Brudick** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Madison 999**

(c) City or town **Alton**
 (If outside city or town limits, write "RURAL")

(d) Street No. **930 Fountain Ave.**
 (If rural, give location)

(e) Citizen of foreign country? **2** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **7**
 year **1945** hour **7:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **12-31**
 _____, 19**44**, to **8-7**, 19**45**;
 that I last saw him alive on **8-6**, 19**45**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Rectum** Duration **2 yrs.**

Due to _____

Due to **46 hr.**

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

PHYSICIAN

Major findings:
 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 **3**

23. Signature **Care J. Skerfve** (M. D. or other)
 Address **462 N. Taylor** Date signed **8/7/45**

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

17
9

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.....

.....
Licensed Embalmer No. *3398*

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.