

**FILED** DEC 21 1945  
318

Registration District No. **318** Primary Registration District No. **1003**

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

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:  
**3964 Dover Pl. /**  
(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 **Missouri,** (b) County **St. Louis,**

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

(d) Street No. **3964 Dover Pl.**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Otto H. Hesse,**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **494-09-4468**

4. Sex **Male, U**

5. Color or race **White,**

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

6. (b) Name of husband or wife **Agatha M. Hesse,**

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **July 24, 1876.**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>4</b>	<b>11</b>	_____ hr. _____ min.

9. Birthplace **St. Louis, Missouri, U**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **Cupples-Hesse Envelope Co.**

MOTHER FATHER

12. Name **Louis Hesse,**

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

14. Maiden name **Don't Know,**

15. Birthplace **Don't Know, U**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Agatha M. Hesse,**

(b) Address **3964 Dover Pl.**

17. (a) **Burial;** (b) Date thereof **12/7/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cem**

18. (a) Signature of funeral director **Gebken-Benz Mortuary**  
**2842 Meramec St.**

(b) Address **DEC 6 1945**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **5th**  
year **1945** hour **1:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **Aug. 19.39**  
19 \_\_\_\_\_ to **Dec. 5th** 19 **45**  
that I last saw him alive on **Dec 4th** 19 **45**  
and that death occurred on the date and hour stated above

Immediate cause of death **Pulmonary edema** Duration **4 days**

Due to **Parkinson's disease** **5 yrs.**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **Sy C**

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **C**

23. Signature **Paul N. Baker** (M. D. or other) \_\_\_\_\_  
Address **3353 Nebraska Ave.** Date signed **12-5-45**

AUG 19 1947

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**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 E Morris.....

Licensed Embalmer No 3360.....

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.**