

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **868**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial

(d) Length of stay: In hospital or institution 34 DAYS
(Specify whether years, months or days) 50 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL") 19/7

(d) Street No. 4433 LACLEDE AVE
(If rural, give location) 9

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

If yes, name country _____

3. (a) PRINT FULL NAME HENRY HISSERICH

3. (b) If veteran, name war NONE

3. (c) Social Security No. 488-20-6837

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased SEP 22 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th
year 1946 hour 8:00 minute P

21. I hereby certify that I attended the deceased from 12/21/45 to 1/24/46, 19____, to 1/24/46, 19____; that I last saw him alive on 1/24/46, 19____, and that death occurred on the date and hour stated above.

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

75 4 2 20 hr. min.

Immediate cause of death Obstruction of colon

Due to Carcinoma of hepatic flexure and adhesions

Due to _____

Other conditions Gen'l arteriosclerosis
(Include pregnancy within 3 months of death)

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

10. Usual occupation ELECTRICAL WORKER

Major findings: As above

1. Of operations As above

Of autopsy As above

PHYSICIAN H/O
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name HENRY HISSERICH

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

14. Maiden name THERESA WARNER

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

16. (a) Informant J. J. Bredeck

(b) Address 1017 COMMODORE DR.

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? _____

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 28 1946
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director Walter Bookman

(b) Address 6536 Clayton Rd

19. (a) JAN 26 1946 (Date received local registrar) J. J. Bredeck (Registrar's signature)

(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature J. J. Bredeck (M. D. or other) 1515 Lafayette Date signed 1/25/46

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

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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.....

John Goroski

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.