

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18502**
Registrar's No. **4202**

FILED MAY 17 1946
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:
4231 N. Florissant Ave.
(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 Mathilda B. Hessler

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 Married
6. (b) Name of husband or wife Arthur Hessler 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Aug. 14, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 8 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bernard Mikus
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Schallert
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Hessler
(b) Address 4231 N. Florissant Ave.

17. (a) Burial (b) Date thereof 5/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address 2117 E. Grand Blvd.

19. (a) MAY 9 1946 (b) J. F. Bredbeck
(Date filed and local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4231 N. Florissant Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1946 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Feb 7 1946 to May 7 1946
that I last saw him alive on May 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism conditions
Due to Chronic Hypertension

Due to _____
Other conditions (Include pregnancy within 3 months of death) 93

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?

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

23. Signature [Signature] (M. D. or other)
Address 1918 E. Grand Date signed May 9 1946

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

Frank A. Moore

Licensed Embalmer No.....

3041

P. O. Address.....

2117 E. Grand

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.