No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31418

FILED SEP 24 1946

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1834

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Valley Park, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Moll Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution June 27th to Sept. 3rd 1946 (Specify whether years, months or days)
In this community June 27th to Sept. 3rd 1946

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Valley Park, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 332 Benton, St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William H. Hester
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Christine Hester
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 12 (Day) 1869 (Year)

8. AGE: Years 77 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Bloomfield Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
12. Name John Hester (FATHER)
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Mary E. Whitehead (Hester) (MOTHER)
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Winnie Ivey
(b) Address 3063½ St. Vincent, St. St. Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 9-7-46 (Date received local registrar) (b) Ruth J. Allen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd year 1946 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from June 27th, 1946 to Sept 3rd, 1946 that I last saw him alive on Sept 3rd, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral hemorrhage
Due to Arteriosclerosis 131A
Due to Cardio-renovascular syndrome
Other conditions Senility
(Include pregnancy within 3 months of death)
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 Clara M. Sibert (M. D. or other) MD
Address Valley Park, Mo. Date signed 9/4/46

(Licensed Embalmer's Statement on Reverse Side)

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 Ogonoski

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.