S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

37313

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38720 9471

FILED DEC 9 1946

Registration District No. 848

Primary Registration District No. 1003

Registrar's No.

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: 3628 Cleveland 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 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3628 Cleveland Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Barbara E. Hess

3. (b) If veteran, name war - - -

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry B. Hess

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

7. Birth date of deceased January (Month) 21st (Day) 1869 (Year)

8. AGE: Years 75 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Hempfling
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kunz
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Oscar W. Dickman
(b) Address Rt. #1, Kimmswick, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/6/46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director BEIDERWIEDEN F. HOME, INC.
(b) Address 1936 St. Louis Avenue

19. (a) NOV 6 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3
year 1946 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from SEPT. 24, 1946, to NOV. 3, 1946
that I last saw her alive on , 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	2 wks
Due to Paralysis agitans	years
Due to	
Other conditions (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) Fall + Fractured Hip
(b) Date of occurrence Sept. 24, 1946 Sept 1946
(c) Where did injury occur? Stone Nursing Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home: Was hospitalized for it for 2 wks at Lutheran (Specify type of place)
While at work? No (e) Means of injury Fell while walking to bath room
Fell in bath room

23. Signature Arnold S. Klein (M. D. or other)
Address 2632 So. Kingshighway Date signed 11/8/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bert Klein or Dr. Arnold G. Klein
2632 So. Kingshighway

JUL 28 1948

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 Felix J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.