

No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15175**
Registrar's No. **4437**

Registration District No. _____ Primary Registration District No. **1003**

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 2 mos. 14 ds.
(Specify whether
In this community 16 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 13/7
(d) Street No. 5400 Arsenal
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME CARSON HESLEY

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased January 19 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 10 hr. min.

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

10. Usual occupation not given

11. Industry or business _____

12. Name John Hesley 9

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

14. Maiden name Cassie Unknown

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

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St.

17. (a) Cremation (b) Date thereof 5-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 8 1948 (b) J. F. Predeck
(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1947 hour 12.45 minute A M.

21. I hereby certify that I attended the deceased from Feb. 15, 1946, to April 29, 1947
that I last saw him alive on April 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis, rt. side 4/23/47
Leg Ulcers- Chronic Arteriosclerosis 1946x.

Due to _____
Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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)
Means of injury _____

23. Signature Jack R. Rideman (M. D. or other) 0
Address 5400 Arsenal St. Date signed 4/29/47

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

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

No Embalm

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..... No Embalm

Licensed Embalmer No.....

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.