S. No. 2
DM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15177

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 4058

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

1. PLACE OF DEATH:
(a) County: St Louis
(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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 wks (Specify whether years, months or days)
In this community: 3 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Monroe
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Road Dist #7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No?)
If yes, name country: —

999
NR

3. (a) PRINT FULL NAME: Ernest George Hesterberg
3. (b) If veteran, name war: —
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs Minnie Hesterberg
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: Apr (Month) 9 (Day) 1887 (Year)

8. AGE: Years 60 | Months 0 | Days 9 | If less than one day: hr. mid.

9. Birthplace: Monroe Co (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:

MOTHER FATHER
12. Name: Charles Hesterberg
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Dont Know
15. Birthplace: Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ernst Hesterberg
(b) Address: Waterloo Ill RFD #4
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Apr 19 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Waterloo Illinois
18. (a) Signature of funeral director: Emil Juernheim
(b) Address: Waterloo Illinois
19. (a) APR 19 1947 (Date received local registrar) (b) O. F. Bredeck (Registrar's signature) (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1947 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 26, 1947 to April 18, 1947 that I last saw him alive on April 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Sub-Hepatic abscess — Duration

Due to: Carcinoma of the rectum with metastases

Due to: to the regional nodes and liver

Other conditions (Include pregnancy within 3 months of death): No

Major findings: Of operations: Combined abdominal perineal

Of autopsy: Same as above

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: 0

23. Signature: H Bradley (M. D. or other)
Date signed: 4-18-47

Barnes Hospital,

(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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ills

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.