

1-147
5-17-39

FILED SEP 8 1947
318

Primary Registration District No. 1003

Registrar's No. 3210

1. PLACE OF DEATH:

(a) County St. Louis MO

(b) City or town St. Louis MO
(If outside city or town limits, write "RURAL" and paragon township)

(c) Name of hospital or institution: City Hosp #1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 28th 9
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Wm H. Hest

3. (b) If veteran, name was _____

3. (c) Social Security No. _____

5. Color White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1947 hour 5:10 minute 45 M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis complicating an infarction of the myocardium

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

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

10. Usual occupation Wm Hest

Due to shot of Graham at Grandview

Due to July 1947

Other conditions: Homicide
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Wm Hest

13. Birthplace: (City, town, or county) St. Louis MO (State or foreign country) MO

14. Maiden name Wm Hest

15. Birthplace: (City, town, or county) St. Louis MO (State or foreign country) MO

16. (a) Informant Thos. J. Callaway

(b) Address 1300 E. Jan

17. (a) Anatomical Board Date thereof 7-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director Wm Hest

(b) Address 3580

19. (a) AUG 29 1947
(Date received local registration) (Registrar's signature)

Major findings: 168

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide, specify Homicide

(b) Date of occurrence July 20 1947

(c) Where did injury occur? St. Louis MO
(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)

(e) Means of injury _____

23. Signature Wm Hest (M. D. or other) 3

Date signed 8/13/47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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.....

..... 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.