V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35834

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9805

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

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: Deaconess Hospital
(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 Illinois (b) County Cass 999

(c) City or town Beardstown 11
(If outside city or town limits, write "RURAL")

(d) Street No. N.R. 0
(If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME Charles F. Hess

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 Married

6. (b) Name of husband or wife Grace Hess

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July (Month) 16 (Day) 1885 (Year)

8. AGE: Years 62 | Months 3 | Days 5 | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Hess
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Mary Bloom
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Robert Hess
(b) Address Beardstown, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Beardstown, Ill.

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

19. (a) OCT 22 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1947 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from 9-15-47, 19, to 10-21 1947;
that I last saw him alive on 10-21 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	½ hr.
Due to Arterio-sclerosis.	???
Due to	
Other conditions Agitated Melancholia (Include pregnancy within 3 months of death)	3 mos.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature Albert H. Hoppe (M.D. or other) MD
Address Univ. Club Bldg. Date signed 10-22-47

Jefferson City Printing Co.

(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 S. Dennehy

Licensed Embalmer No. 4194

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.