No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948
Registration District No. 39487

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7386
Registrar's No. 440

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Miller Nursing Home 4
(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 ooo
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3331 Pennsylvania Av. 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME Rose A. Hess
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Charles L. Hess.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 10 (Day) 1871 (Year)

8. AGE: Years 76 | Months 11 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Louis Winter 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unkn.
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Christine Lorenz
(b) Address 3331 Pennsylvania
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director Witt Bros. L. & Nl.
(b) Address 2929 S. Jefferson Av.
19. (a) 2-18-48 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 12th, 1948, to Feb. 15th, 1948
that I last saw her alive on Feb. 14th, 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage (rt. Side) | 1 wk. |
| Due to | |
| Due to | |
| Other conditions: Acute Myocarditis and Chr. Nephritis. (Include pregnancy within 3 months of death) | 6 Mo. |

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Major findings:
Of operations no
Of autopsy no

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) 11
While at work? ..... (e) Means of injury .....

23. Signature W. H. Walters M.D. (M.D. or other)
Address 3608 S. Grand Blvd. Date signed 2/16/48

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson ave

**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.**