No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17650

FILED JUN 12 1948

Registration District No. 1318

Primary Registration District No. 1003

Registrar's No. 5170

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3421a California Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Hessel
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 7, 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	10	25	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Shoe Worker
11. Industry or business Paramount Shoe Co.

FATHER
12. Name George Hessel
13. Birthplace Unk (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Wiegers
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Frank Wiegers
(b) Address 3833 Blood St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cem.
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.
19. (a) JUN 5 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2, year 1948 hour 4 minute 30 p.m.

21. I hereby certify that I attended the deceased from May 31, 1948, to June 2, 1948, that I last saw him alive on June 2, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) OMO
Address 5600 S. Compton Date signed 6/4/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

5170

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 J. W. M. Bentley

Licensed Embalmer No. 36/53

P. O. Address St. Louis, Mo

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.