

FILED AUG 28 1948

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 7262

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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 702 Wilmington
(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

3. (a) PRINT FULL NAME Joseph Hesel

3. (b) If veteran, name war None 3. (c) Social Security No. 489-05-5089

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Hesel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 29, 1886
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 19 If less than one day
hr. _____ min. _____

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

10. Usual occupation Salesman

11. Industry or business Auto Accessories

12. Name Joseph L. Hesel

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise Hoefer

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Hesel

(b) Address 702 Wilmington

17. (a) Burial (b) Date thereof 8-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) AUG 19 1948 (b) J. B. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County foo
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 702 Wilmington
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1948 hour One minute a M.

21. I hereby certify that I attended the deceased from April 1948 to 17 Aug 1948
that I last saw him alive on 17 Aug and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Thrombosis 24 hrs.

Due to old myocardial pathology

Due to from previous attack 1446

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature William F. McKenney or other _____

Address 7619 1/2 Gray Date signed 18 Aug 48

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. Wm Bentley

Licensed Embalmer No.....

3653

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.