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-10-47
-17-39
I 3908

Registration District No. **318**

Primary Registration District No. _____

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:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo 0
(Specify whether _____)

In this community YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
17

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3223 ALFRED
MEMORIAL 16 (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ALBERT HESSER

3. (b) If veteran, name war NO 3. (c) Social Security No. 486-22-2825

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife THERESA 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased MAY 27 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace MCDONALD Co. ILL 1
(City, town, or county) (State or foreign country)

10. Usual occupation CITY PARK EMPLOYEE

11. Industry or business CITY OF ST. LOUIS

12. Name JOHN C HESSER 4

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

14. Maiden name FREIDA REGNER

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

16. (a) Informant THERESA HESSER

(b) Address 3223 ALFRED

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof. DEC 28 1948
(Month) (Day) (Year)

(c) Place: burial or cremation NEW ST MARCUS CEM

18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORT

(b) Address 6464 CHIPPEWA ST

19. (a) DEC 27 1948 (Date received local registrar) (b) J B Pasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th
year 1948 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from 12/14/48
1948 to Dec. 25th 1948
that I last saw h. im alive on Dec. 25th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Myeloma

Due to _____

Due to _____

Other conditions 55
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy same

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? _____

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

23. Signature J. J. Mueller, M.D. (Date signed) 12/27/48
Address 1519 Lafayette

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MAR 11 1955

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 *James C. Hoffmaster*
Licensed Embalmer No. *3871*
P. O. Address *7814 So Broad*

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.