

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10165

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3030

24

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY MO		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3736a Minnesota Ave. 1		d. STREET ADDRESS 3736a Minnesota Ave.		9		
3. NAME OF DECEASED (Type or Print) a. (First) EVA b. (Middle) HESS c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 1, 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 24, 1857	9. AGE (In years last birthday) OF UNDER 1 YEAR MONTHS OF UNDER 24 HRS. HOURS MIN. 91		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany 4		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Don't Know		13b. MOTHER'S MAIDEN NAME Olivia Krahm		
14. NAME OF HUSBAND OR WIFE Carl Hess		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Rose Amann		ADDRESS 3736a Minnesota Ave.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Oedema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Bronchitis, C DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age 500X			INTERVAL BETWEEN ONSET AND DEATH 8 hrs. 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3/30, 1949, to 4/1, 1949, that I last saw the deceased alive on 4/1, 1949 and that death occurred at 4:30P. m., from the causes and on the date stated above.						
23a. SIGNATURE P. M. Couch M.D.			23b. ADDRESS 3902 California		23c. DATE SIGNED 4/2/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/5/49	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 4 1949 J. B. Sasser			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St.			

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 ME

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Joe D. Benz
Licensed Embalmer No. 1269

P. O. Address 2842 Meramec St.
St. Louis, 18 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.