

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

6198
State File No. 1094

| | | | | | | | | | | |
|--|--|---|--|--|--|---|-------------------------|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 210 | | PRIMARY REG. DIST. NO. 1000 | | Registrar's No. _____ | | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. | | | | b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2199 | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1. | | | | STREET ADDRESS (If rural, give location) 4326 Laclede Ave. | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE | | | b. (Middle) HESSION | | | c. (Last) _____ | | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) February 3rd, 1951 | | | | | | | | | | |
| 5. SEX F. / | | 6. COLOR OR RACE W. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M. | | 8. DATE OF BIRTH June 20, 1886 | | 9. AGE (In years) (last birthday) 64 | | |
| | | | | | | | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | |
| | | | | | | | | 11. BIRTHPLACE (State or foreign country) Dubois, Ill. / | | |
| | | | | | | | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13a. FATHER'S NAME John Riley | | | 13b. MOTHER'S MAIDEN NAME Mary Unknown | | | 14. NAME OF HUSBAND OR WIFE Mr. Thomas Hession | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Thomas B. Hession, 4326 Laclede 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Branchiogenic carcinoma</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 mo. ? | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | |
| 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? <i>162X</i> | | | | | | |
| 22. I hereby certify that I attended the deceased from 1/11/51, 19__, to 2/3/51, 19__, that I last saw the deceased alive on 2/3/51, 19__, and that death occurred at 2:30am m., from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE <i>Dary B. Wood M. No.</i> (Degree or title) | | | | 23b. ADDRESS 1515 Lafayette Ave., | | | 23c. DATE SIGNED 2/3/51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="checkbox"/> | | 24b. DATE Feb. 5, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo. | | | | |
| DATE REC'D BY LOCAL REG. FEB 4 1951 | | REGISTRAR'S SIGNATURE <i>J. B. Frazier</i> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i> | | | ADDRESS 3840 Lindell Blvd. | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Thomas R. Jewrik

Signed.....

Student Embalmer

Licensed Embalmer No. 3793

P. O. Address. 3840 Lindell

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.