

STANDARD CERTIFICATE OF DEATH

State File No. 18099  
Registrar's No. 3918

MAY 19 1952

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. State File No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 4 Yrs		d. FULL NAME OF HOSPITAL OR INSTITUTION 610 N Skinker	
d. FULL NAME OF HOSPITAL OR INSTITUTION 610 N Skinker		e. STREET ADDRESS (If rural, give location) 610 N Skinker	

3. NAME OF DECEASED (Type or Print) GEORGE STOCKHAM HESSENBRUCH			4. DATE OF DEATH (Month) (Day) (Year) 4-24-1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-5-1875		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineering		10b. KIND OF BUSINESS OR INDUSTRY Chemical		11. BIRTHPLACE (State or foreign country) Philadelphia Penn.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Frank Hessenbruch		13b. MOTHER'S MAIDEN NAME Carrie Stockham		14. NAME OF HUSBAND OR WIFE Evelyn H Hessenbruch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 1		16. SOCIAL SECURITY NO. 489-12-5325		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. G.S. Hessenbruch 610 N Skinker	

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		INTERVAL BETWEEN ONSET AND DEATH 3
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart disease</i> <i>Coronary Thrombosis.</i>		
	ANTECEDENT CAUSES Morbidity 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 checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	

22. I hereby certify that I attended the deceased from 1918 to April 24 1952, that I last saw the deceased alive on April 24, 1952, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W <sup>m</sup> Alexander Smith		23b. ADDRESS Webster Brown		23c. DATE SIGNED 4-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-26-1952		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) Kirkwood Mo.	

DATE REC'D BY LOCAL REG. APR 25 1952		REGISTRAR'S SIGNATURE Carl Smith		FUNERAL DIRECTOR'S SIGNATURE ADDRESS McFarber-Adrich 7. Home - Webster Brown Mo.	
---	--	-------------------------------------	--	---	--

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

6961 6 0212

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Whiter Groves 71*

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.