

STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1953

318

1003

State File No. Registrar's No. 0039

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		c. LENGTH OF STAY (in this place) 8 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5459 Bartmer Ave				d. STREET ADDRESS (If rural, give location) 5 5459 Bartmer Ave			
3. NAME OF DECEASED a. (First) GUSTAV (Type or Print)		b. (Middle)		c. (Last) HESS		4. DATE OF DEATH (Month) (Day) (Year) Jan. 2nd, 1953	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 22, 1875	
9. AGE (in years last birthday) 77		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Wholesale Leather		11. BIRTHPLACE (City and State or Foreign Country) Frankfort Germany	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Isaac Hess		13b. MOTHER'S MAIDEN NAME Ida Arnstein		14. NAME OF HUSBAND OR WIFE Lina Hess	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Martin Hess			
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic		INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Arteriosclerosis General		7 yrs	
				DUE TO (c) Coronary Thrombosis		24 A.	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from Jan 1947, 19 to Dec 1952, that I last saw the deceased alive on Dec 1, 1952, and that death occurred at 10:20 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Alvan G. Heiderich M.D.				23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 1-3-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/4/53		24c. NAME OF CEMETERY OR CREMATORY Mount Olive Heb.		24d. LOCATION (City, town, or county) (State) Univ. City, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 5 1953		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial 4715 McPherson			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Paul J. Ludwig
Licensed Embalmer No. *4329*

P. O. Address _____

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.