S. No. 300
v. 10.48

FILED APR 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12817

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 932

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CREVE COEUR
c. LENGTH OF STAY (in this place) 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 9990 OLIVE STR. ROAD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CREVE COEUR 734400
d. STREET ADDRESS (If rural, give location) 9990 OLIVE STR. ROAD

3. NAME OF DECEASED (Type or Print)
a. (First) ALBERT
b. (Middle) J.
c. (Last) HESSER

4. DATE OF DEATH (Month) MCH (Day) 28 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH AUG. 30, 1898
9. AGE (In years last birthday) 54 — IF UNDER 1 YEAR Months Days — IF UNDER 11 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PROPRIETOR
10b. KIND OF BUSINESS OR INDUSTRY TAVERN
11. BIRTHPLACE (State or foreign country) MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHRISTIAN HESSER
13b. MOTHER'S MAIDEN NAME MAGDALINA BECKERLE
14. NAME OF HUSBAND OR WIFE FRANCES HESSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. #1
16. SOCIAL SECURITY NO. 490-33-6917
17. INFORMANT'S SIGNATURE OR NAME Mrs Frances Hesser — ADDRESS 9990 Olive St. Rd.

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) Broncogenic Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.
DUE TO (b) Heart failure
DUE TO (c) Arrhenosis of Liver

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 162 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19-46-, 19__, *to* 3/-28/-, 1953, *that I last saw the deceased alive on* 3/2, 19__, *and that death occurred at* 4:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.
23b. ADDRESS 110 S. Central
23c. DATE SIGNED 3/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MCH 28-1953
24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES CEM
24d. LOCATION (City, town, or county) ST. LOUIS (State) MO

DATE REC'D BY LOCAL REG. 3-30-53
REGISTRAR'S SIGNATURE Herbert R. Donels - M.D.
25. FUNERAL DIRECTOR'S SIGNATURE L. MULLEN UND CO. — ADDRESS 5165 DELMAR

(Licensed Embalmer's Statement on Reverse Side)

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

Richtarcia
7107 Pershing Ave.
Mo 4 95 3.

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 Ronald O Yohnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.