

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40594

State File No. _____

318

1003

11555

FILED DEC 14 1953

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 <u>Mo</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St Louis</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		2159 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bernard Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>15 3631a Meramec</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>H</u> c. (Last) <u>Hess</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 5, 1953</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>widowed</u>	8. DATE OF BIRTH <u>Dec 8, 1883</u>		9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Photoengraver</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Justus Hess</u>		13b. MOTHER'S MAIDEN NAME <u>Riebling</u>		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George J Hess 6450 Kinsey Pl</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH _____
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				_____				
ANTECEDENT CAUSES DUE TO (b) _____				_____				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				_____				
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		444X		
22. I hereby certify that I attended the deceased from <u>Dec 5, 1953</u> to <u>Dec 5, 1953</u> that I last saw the deceased alive on <u>Dec 5, 1953</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>S. J. Ziegenhein M.D.</u>				23b. ADDRESS <u>50 S. 1st St. St. Louis</u>		23c. DATE SIGNED <u>12-7-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>12/8/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>DEC 7 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J L Ziegenhein & Sons 7027 Gravois</u>		_____		

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

1951

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

Neville B. Schwitter

Licensed Embalmer No. *3696*

P. O. Address *7027 Harris*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.