

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20636

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 4811
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY 2169		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2914 ARKANSAS AVENUE		d. STREET ADDRESS (If rural, give location) 16 2914 ARKANSAS AVENUE		
3. NAME OF DECEASED (Type or Print) EDNA		a. (First) EDNA b. (Middle) c. (Last) HESEMAN		4. DATE OF DEATH (Month) (Day) (Year) MAY 29, 1954
5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M /	8. DATE OF BIRTH DECEMBER 24, 1882	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) DRAKE, MISSOURI O
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME HENRY MORRE		13b. MOTHER'S MAIDEN NAME AMELIA GIECK		14. NAME OF HUSBAND OR WIFE GEORGE C. HESEMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GEORGE C. HESEMAN 2914 ARKANSAS AVENUE
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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Venous Thrombosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio Scler. H.F. Hies</i> DUE TO (c) <i>Arterio Sclerosis genl</i>		INTERVAL BETWEEN ONSET AND 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) 4200
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?
22. I hereby certify that I attended the deceased from 3-15-54, 19, to 5-29-54, 19, that I last saw the deceased alive on 26 May, 1954, and that death occurred at 5:30 p. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>Frank P. Moore, M.D.</i>		23b. ADDRESS 16 Plaza Hampton Village		23c. DATE SIGNED 6/4/54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JUNE 1, 1954		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI				
DATE REC'D BY LOCAL REG. JUNE 1, 1954		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. 1936 ST. LOUIS AVENUE

m. J. B. (Licensed Embalmer's Statement on Reverse Side)

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

Med. Case

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 David Small

Licensed Embalmer No. 45720

P. O. Address St. Louis, Mo.

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.