

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1956

39477

STATE FILE NUMBER

10181

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE			b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN ST. LOUIS, MISSOURI					
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.			Length of stay in lb			d. STREET ADDRESS (If outside, give location) IVY HOTEL 15 N. 6 ST.					
3. NAME OF DECEASED (Type or print) CAREY			First Middle Last HESS			4. DATE OF DEATH Month Day Year OCT. 17, 1956					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC, 3, 1898		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life - even if retired) UNKNOWN			10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN			11. BIRTHPLACE (City and state or country) MARYLAND			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME RUFUS			14. MOTHER'S MAIDEN NAME META RODTA								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN			16. SOCIAL SECURITY NO. UNKNOWN			17. INFORMANT Address ST. LOUIS CITY HOSPITAL RECORDS.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary Edema DUE TO (b) Rheumatic heart disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4/6x								
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from 9/11/56 to 10/17/56 and last saw her alive on 10/17/56 Death occurred at 10:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Charles E. Hogan M.D.			22b. ADDRESS 1515 LAFAYETTE AVE.			22c. DATE SIGNED 10/1/56.					
23a. BURIAL, CREMATION, REMOVAL (Specify) 11-30-56			23c. NAME OF CEMETERY OR CREMATORY Anatomical Board			23d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
24. NAME AND ADDRESS OF EMBALMER Rowland Aker Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo.			25. DATE RECD. BY LOCAL REG. NOV 8 1956			26. REGISTRAR'S SIGNATURE Paul Smith M.D.					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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