

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030947

FILED VS SEP 8 1959

317

Registration District No. Primary Registration District No. 541

Registrar's No. 2342

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Length of stay in 1b NOA	c. CITY OR TOWN Overland
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2414 Oakland
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Henry A. Hess	4. DATE OF DEATH Month Aug Day 29 Year 1959
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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 2/23/1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired steel worker	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Herman, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Henry Hess	13b. MOTHER'S MAIDEN NAME Anna Heberle	14. NAME OF HUSBAND OR WIFE Arlinda Hess
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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. 488-05-9225	17. INFORMANT Yvonne Hendricks	Address 2414 Oakland
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis.		INTERVAL BETWEEN ONSET AND DEATH acute 6-18-59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Previous Cerebral Thromboses	
	DUE TO (c) Congestive Heart Failure	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year
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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 Overland	COUNTY St. Louis Co., Mo.	STATE
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21. I attended the deceased from **12-16-59** to **8-28-59** and last saw ^{her}him alive on **8-28-59**
Death occurred at **2:30 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John M. Witten	22b. ADDRESS 6820 Page	22c. DATE SIGNED 8-31-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 1, 59	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) St. Louis Co., Mo.
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24. FUNERAL DIRECTOR Ortmann F. Nome	ADDRESS 9222 Lackland	25. DATE RECD. BY LOCAL REG. 8-31-59	26. REGISTRAR'S SIGNATURE John C. Murphy
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Overland

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Al C. Ostman

Licensed Embalmer No. 3478

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.