URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-040410
STATE FILE NUMBER

FILED VS NOV 9 1960

ENDED

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 3199

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City — Length of stay in 1b YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6600 Washington — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST. LOUIS
c. CITY OR TOWN University City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6600 Washington — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First NANCY Middle Last Hess

4. DATE OF DEATH Month 11 Day 4 Year 1960

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8-30-1866
9. AGE (last birthday) 94
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) PADUCAH. KY
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME NOT KNOWN
13b. MOTHER'S MAIDEN NAME NOT KNOWN
14. NAME OF HUSBAND OR WIFE J.M. Hess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT A.S. Hess, Address 214 Delmar

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia	6 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arterolar Nephrosclerosis	3 yrs.
DUE TO (c)	Generalized Arteriosclerosis	5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Arteriosclerotic chronic brain syndrome

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 May 10, 1958, to Nov. 4, 1960 and last saw her/him alive on Sept. 15, 1960
Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John L. Roth (Degree or title) Md.
22b. ADDRESS 634 N. Grand Blv.
22c. DATE SIGNED 11/5/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-7-1960
23c. NAME OF CEMETERY OR CREMATORY VALHALLA CEM
23d. LOCATION (City, town, or county) (State) ST. LOUIS Co Mo

24. FUNERAL DIRECTOR A. Krow ADDRESS 2707 No. Grand
25. DATE RECD. BY LOCAL REG. 11-5-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Dr J J Roth.
Mo Theat Bldg Je 37469
till Noon Sat.

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 V E Morris

Licensed Embalmer No. 336

P. O. Address St Louis

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