MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1340 STATE FILE NUMBER 61-006565

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Luke's Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 764 Clara Ave.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Rose Middle: Mary Last: Hess
4. DATE OF DEATH: Month: February Day: 8 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 1/11/1913
9. AGE (last birthday): 47
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): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mattoon, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Louis Hess
13b. MOTHER'S MAIDEN NAME: Rosa Uptmor
14. NAME OF HUSBAND OR WIFE: None
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.: Unknown
17. INFORMANT: Rosa Hess, 764 Clara Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Peritonitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Small intestinal ulcers
DUE TO (c): 578X
INTERVAL BETWEEN ONSET AND DEATH: unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebrovascular accident
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [X] 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 12/22/60, to 2/8/61 and last saw her alive on 2/8/61
Death occurred at 11:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): John A. Headrick, M.D.
22b. ADDRESS: 5535 Delmar
22c. DATE SIGNED: 2/8/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-10-61
23c. NAME OF CEMETERY OR CREMATORY: Mt.Carmel Cemetery
23d. LOCATION (City, town, or county) (State): Belleville, Ill.
24. FUNERAL DIRECTOR ADDRESS: Albert H.Hoppe, Inc., 4700 Washington Blvd.
25. DATE REC'D. BY LOCAL REG.: FEB 9 1961
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____
Signature of Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Washington
St. Louis

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

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