MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008194

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2391

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2 223
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4 0
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75

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 7/2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

BRITTINGHAM

FILED MAR 7 1962

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.

Length of stay in 1b

c. CITY OR TOWN St Louis

Inside Limits Yes ☑ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1

Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 1107 Emmett Street

Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First CARL Middle J Last HESSELMEYER

4. DATE OF DEATH Month 2 Day 27 Year 62

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH 1/12/99

9. AGE (last birthday) 63

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) Retired Plasterer

10b. KIND OF BUSINESS OR INDUSTRY Building

11. BIRTHPLACE (City and state or country) Washington Mo.

12. CITIZEN OF WHAT COUNTRY U S

13a. FATHER'S NAME August Hesselmeyer

13b. MOTHER'S MAIDEN NAME Georgia Bertram

14. NAME OF HUSBAND OR WIFE Mamie (Deceased)

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 Fred M Hesselmeyer Address 1113 Emmett

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) PULMONARY FIBROSIS - EMPHYSEMA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CHRONIC BRONCHITIS

DUE TO (c) 502.0

INTERVAL BETWEEN ONSET AND DEATH

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

PNEUMONIA

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 2-13-62, to 2-27-62 and last saw her/him alive on 2-27-62

Death occurred at 1:30 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. E. Bridges (Degree or title) M. D.

22b. ADDRESS 1515 LAFAYETTE AVE

22c. DATE SIGNED 2-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3/1/62

23c. NAME OF CEMETERY OR CREMATORY St Matthews Cemetery

23d. LOCATION (City, town, or county) (State) St Louis Missouri

24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen

25. DATE RECD. BY LOCAL REG. MAR 1 1962

26. REGISTRAR'S SIGNATURE Noal Smith, M.D.

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 Shelley R. Faeller Jr

Licensed Embalmer No. 4950

P. O. Address 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.