

FILED FEB 19 1946

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **SAINT LOUIS:**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RESIDENCE 5136 ENRIGHT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **LIFE** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County _____
(c) City or town **SAINT LOUIS:**
(If outside city or town limits, write "RURAL")
(d) Street No. **5136 ENRIGHT AVE**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HELENA B. SESSINGHAUS.**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NO**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **GUSTAVUS SESSINGHAUS** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **MARCH 2 1848**
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
97 II I .hr. min.

9. Birthplace **SAINT LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

12. Name **DIETRICH**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **UNK**

15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. HELENA J. SESSINGHAUS**

(b) Address **5136 ENRIGHT AVE**

17. (a) **BURIAL** (b) Date thereof **FEB 6/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **BELLEFONTAINE CEMETERY**

18. (a) Signature of funeral director **C. R. LUPTON & SONS**

(b) Address **7233 DELMAR BLVD.**

19. (a) **FEB 5 1946** (Date received local registrar)
J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **3** year **1946** hour **8:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **Sept.** 19 **46** to **Feb 3rd** 19 **46**
that I last saw her alive on **Feb 2nd** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Atherosclerosis**
Due to **Myocarditis (chronic)**
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **L. H. Thompson** (M. D. or other) _____
Address **3720 Brookington Blvd** Date signed **2/5/46**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

6880

844

(Licensed Embalmer's Statement on Reverse Side)

DR. LOUIS HEMPELMANN
3720 WASHINGTON BLVD
JE: 6204
HOURS 2 - 3 P.M.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Bradford A. Miles*
Licensed Embalmer No. *2901*
P. O. Address *University City*

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