

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

30905

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170  
 Township Central Primary Registration District No. 6248H  
 City Professional Heights (No. 7319 Lindtweh Drive) St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Louis B. Hegard  
 (a) Residence, No. 7319 Lindtweh Dr. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Karen Hegard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-24-1857</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>8</u>
		DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrician</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Union Electric</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1924</u>	11. Total time (years) spent in this occupation <u>20</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown</u> <u>Denmark</u>		
FATHER	13. NAME <u>Louis Hegard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown</u> <u>Denmark</u>	
MOTHER	15. MAIDEN NAME <u>Uniontown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown</u> <u>Denmark</u>	
17. INFORMANT (ADDRESS) <u>Karen Hegard</u> <u>7319 Lindtweh</u>		
18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) <u>Cremation</u> DATE <u>Sept. 8</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Alexander &amp; Sons</u> <u>6170 Delmar</u>		
20. FILED <u>917</u> 19 <u>33</u> <u>Gertrude Porter</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1933

I HEREBY CERTIFY, that I attended deceased from Sept 3 1933, to Sept 4 1933.  
 I last saw him alive on Sept 4 1933. Death is said to have occurred on the date stated above, at 11:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset 7-1-31  
Hypertrophied Prostate 1-1-30

Other contributory causes of importance  
None

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) H. Stevens \_\_\_\_\_ M. D.  
 (Address) 4500 Olive St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

110. *[illegible]*