

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... St. Louis

(No. 2117 KNOX AVE.

791

1003

File No.....

39007

Registered No.....

10028

St. Ward)

2. FULL NAME

MINNIE P. HEHL

(a) Residence, No.....

2117 KNOX AVE.

St.

3 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

FEMALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

CHARLES E. HEHL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

FEB. 4, 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ... hrs.

or min.

66

7

29

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

HOUSEWIFE

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

AT HOME

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PEORIA

ILL.

13. NAME

ALBERT GAMMETER

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

SWITZERLAND

15. MAIDEN NAME

MINNIE HUFFMANN

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MO.

17. INFORMANT
(ADDRESS)

Charles E. Hehl

2117 KNOX AVE

18. BURIAL, CREMATION, OR REMOVAL

PLACE VALHALLA CREMATORY

DATE OCT. 5

1936

19. UNDERTAKER
(ADDRESS)

REETZ BROS.

3029 LAFAVETTE AVE.

20. FILED

4 1936

J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

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

OCT.

3

1936

22. I HEREBY CERTIFY, That I attended deceased from

7/16

1936 to

10/3

1936

I last saw her alive on

10/2

1936

Death is said

to have occurred on the date stated above, at 1:03 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 7/16/36

Other contributory causes of importance:

Chronic Myocarditis & Hypertension 7/1/36

Name of operation

craniotomy

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

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)

E. A. Edwards M.D. 4216 Shaw Blvd

(Address)

J. E. A. Edwards

Christian Union

1-5 P.M.