

STANDARD CERTIFICATE OF DEATH

State File No. 37603

Registration District No. 2000

Primary Registration District No. _____

Registrar's No. 9442

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5530 Plover Ave.
(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 St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5530 Plover Ave.
(If rural, give location) _____
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME John Hebrank
3. (b) If veteran, name war 5530 Plover Ave
3. (c) Social Security No. none

20. DATE OF DEATH: Month Nov. day 1
year 1939 hour 10 minute 45 P. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Margaret Saphronia Hebrank
6. (c) Age of husband or wife if _____ years
7. Birth date of deceased Nov. 2 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 2
1939 to Nov. 1 1939
that I last saw him alive on Nov. 1, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
83 11 30 _____ hr. _____ min.

Immediate cause of death Carcinoma of the rectum
Duration 3 years

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Retired paper carrier

Other conditions None
(Include pregnancy within 5 months of death)

11. Industry or business Paper circulation

Major findings: Of operation none

12. Name Conrad Hebrank

Of autopsy none

18. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name unknown
(State or foreign country)

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

16. (a) Informant's own signature John G. Hebrank

(b) Address 5530 Plover Ave

17. (a) Burial (b) Date thereof Nov. 4, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake St. Charles

18. (a) Signature of funeral director Bessie Nichols

(b) Address 1421 Union Blvd.

19. (a) NOV 4 1939 (b) _____
(Date received local registrar) (Registrar's signature)

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 R. P. Menard (M. D. or other) _____
Address 5330 Gerald Ave signed 11/3/39

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.

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..... *Larry M. White*.....

Licensed Embalmer No. *3973*.....

P. O. Address.....

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, above space should be left blank.