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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 1, 1940

State File No. 4354

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 1184

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4633 Oregan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4633 Oregon
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna E. Hehrlein

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Wm. H. Hehrlein

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 19 (Day) 1871 (Year)

8. AGE: Years 68 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name John S. Wiedmann

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Martha Hehrlein

(b) Address 4633 Oregon, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-40 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Bruial Park

18. (a) Signature of funeral director Louis H Bopp

(b) Address Kirkwood, Mo.

19. (a) FEB 5 1940 (Date received local registrar) (b) J. P. Brecheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1940 hour minute 4 A.M.

21. I hereby certify that I attended the deceased from Nov 11 1939 to Feb 5 1940 that I last saw her alive on 2-4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr myocarditis	1 year
arteriosclerosis	"
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. L. Langsdorf (M. D. or other)

*Address 3115 So Grand Date signed 2/5/40

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H Bopp, Registered Apprentice No. ..... working under my personal supervision.

1184

1184

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.