

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19490

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 891

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Creve Coeur
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 66 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town Creve Coeur
(If outside city or town limits, write "RURAL")
(d) Street No. Vason Rd
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME John B Hezel 240

8. (b) If veteran, name war /////// 8. (c) Social Security No. ///////

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Jan 20 1974
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 3 16 hr. min.

9. Birthplace Creve Coeur Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name John Hezel

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

14. Maiden name Katherine Schoenhof

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

16. (a) Informant John Hezel

(b) Address Creve Coeur Mo

17. (a) Burial (b) Date thereof May 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Monicas Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lackland Overland Mo

19. (a) 5-9-40 (b) DR. Max M. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 25
1940 to May 6 1940
that I last saw him alive on 3/29/1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac Dilatation

Due to Myocardial Regeneration

Due to _____

Other conditions (Include pregnancy within 3 months of death) 920

Major findings: Of operations none

Of autopsy none

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

23. Signature B.B. Haunmeyer (M. D. or other) 1

Address Creve Coeur Mo Date signed 5/6/40

Duration 12 days
Physician _____
Underline the cause to which death should be charged statistically.

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

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 _____

Al L. Osterman

Licensed Embalmer No. 3478

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.