

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Calloway

(b) City or town Sullivan

(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital of institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Since Nov. 29-1940 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles H. Hehmann

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased Jan. 28 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Baker - unemployed

11. Industry or business _____

MOTHER FATHER

12. Name Carl H. Hehmann

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

14. Maiden name Maschpferg-Winterfecker

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

16. (a) Informant Earl Hehman

(b) Address St. Louis 3517 Laur Ave

17. (a) Perman (b) Date thereof 1-22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director HRIEGSHAUSER & CO

(b) Address 4228 SO. KING HIGHWAY BLDG

19. (a) 1-19-41 (b) R. M. Cruise
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Calloway

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

(d) Street No. 2715 Patton Ave 3517 Laur
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19 year 1941 hour 5:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1 _____, 1941, to Jan 19 _____, 1941; that I last saw him alive on Jan 19 _____, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Arterio sclerosis the myocardii

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 100

Duration

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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? At home

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Tomah Thomas (M. D. or other) D

Address State Hospital No 1 Date signed _____

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.....

Licensed Embalmer No.....

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, fact should be so stated above.