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K23159

**FILED AUG 28 1941** 91  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

no  
17  
9

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:  
**5092 Wells Avenue**  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis** **6**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5092 Wells Avenue**  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years **0**

3. (a) PRINT FULL NAME **Marie Hehman**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **F. Wilbur Hehman**

6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **May 19 1899**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>42</b>	<b>1</b>	<b>10</b>	hr. _____ min.

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

10. Usual occupation **House Wife**

11. Industry or business **At Home**

MOTHER FATHER

12. Name **John McKullen**

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

14. Maiden name **Rose Freal**

15. Birthplace **London England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Blanche Lewis**

(b) Address **5092 Wells Avenue**

17. (a) **Burial** (b) Date thereof **July 2-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Church**

18. (a) Signature of funeral director **Charles Stuart**

(b) Address **1225 Union Blvd**

19. (a) **JUL 1 1941** (b) **J. H. Budach**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29**  
year **1941** hour **12** minute **20** A.M.

21. I hereby certify that I attended the deceased from **Mar**  
\_\_\_\_\_, 1941, to **June 28, 1941**  
that I last saw **her** alive on **6-28**, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic Carcinoma** **6 mos**

Due to **Carcinoma of Rectum** **6 mos**

Due to **H/O**

Other conditions **H/O Hemorrhage**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **as above**

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **J. D. Casady** (M. D. or other) **C.M. D.**  
Address **4952 Maryland** Date signed **6-30-41**

**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.....

*Wilford H. Purley*

..... Licensed Embalmer No. 4202

P. O. Address.....

**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, fact should be so stated above.**