

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

23765

6107

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
(b) City or town **Saint Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3242 South Jefferson 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 \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **Louis C. Hehl,**

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Emma Hehl** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 4th, 1858.**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **1** Days **21** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Secretary**

11. Industry or business **Moris Printing Co.**

12. Name **? Hehl**

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

14. Maiden name **Unknown**

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

16. (a) Informant's own signature **John Bauer**

(b) Address **3242 South Jefferson**

17. (a) **Burial** (b) Date thereof **July 29, 1941.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Eugenheim Bros.**

(b) Address **2823 Cherokee Street**

19. (a) **JUL 27 1941** (b) **J. M. Fredrick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri.** (b) County \_\_\_\_\_  
(c) City or town **Saint Louis.** 24  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3242 South Jefferson Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25th.**  
year **1941.** hour **10** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **7/12/41**  
19\_\_\_\_, to **7/25/41**, 19\_\_\_\_;  
that I last saw him alive on **7/25/41**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chc. Interstitial Nephritis,**  
**Uremia**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **13.1**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **W. D. K. Kline** (M. D. or other) **M.D.**

Address **4632 So. Grand** Date signed **7/26/41**

**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

*W. E. Morris*

Licensed Embalmer No.

3360

P. O. Address

2623 Cherokee

**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.**