

JUL 13 1942 791

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5449

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **20 Days**
In this community... **20 Yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Mo.** (b) County.....
(c) City or town... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No... **3225 N. Florissant Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Frank Heppelmen**

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

4. Sex... **M.** 5. Color or race... **W.** 6. (a) Single, widowed, married, divorced... **2 divorced W.**
6. (b) Name of husband or wife... **Florence** 6. (c) Age of husband or wife if alive... **Sent. 18th., 1861** years
7. Birth date of deceased... (Month) (Day) (Year)

8. AGE: Years **80** Months **9** Days **4** If less than one day hr. min.

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

10. Usual occupation... **Laborer**

11. Industry or business

12. Name... **Frank Heppelman**
13. Birthplace... **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name... **Marie Unknown**
15. Birthplace... **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant... **Sister Jeane**
(b) Address... **3225 N. Florissant Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof... **6-26-1942** (Month) (Day) (Year)
(c) Place: burial or cremation... **Cemetery**

18. (a) Signature of funeral director... **Arthur J. Dravely**
(b) Address... **3840 Lindell Blvd**

19. (a) **JUN 25 1942** (Date received local registration) (b) Registrar's signature... **J. P. Breder**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22**, year **1942** hour **4:15** minute **7** A. M.
21. I hereby certify that I attended the deceased from **June 3**, 19 **42** to **June 22**, 19 **42**
that I last saw him **im** alive on **June 22**, 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death
Psychosis - Spinal dementia
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?

While at work? (Specify type of place) (c) Means of injury...
23. Signature... **John E. Milschick** M. D. or other...
Address... **1215 Lafayette Avenue** Date signed... **6/22/42**

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

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17
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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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

384 Dreedell

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.