S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36453

FILED DEC 3 1943
Registration District No. 3913

Primary Registration District No. 1003

Registrar's No. 10217

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: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL") 000
(d) Street No. 2211 Miami 17
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country n

3. (a) PRINT FULL NAME Henry C. Hehl

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Catherine

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March (Month) 10 (Day) 1867 (Year)

8. AGE: Years 76 | Months 8 | Days 10 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Court Clerk

11. Industry or business

FATHER
12. Name John Hehl
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Groese
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Hehl
(b) Address 2211 Miami

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director W. F. Schumacher
(b) Address 3013 Meramec St.

19. (a) NOV 22 1943 (Date received local registrar) (b) J. F. Brelsek (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1943 hour 9.30 minute P.M.

21. I hereby certify that I attended the deceased from 11-5-43 to 11-20, 1943, to, 19...; that I last saw h[illegible] alive on 11-20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombos	1 day
Due to: Myocardial Degeneration	2 yrs.
Due to: Arterio sclerosis	30 yrs
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none

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) No
(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. J. Swekosky (M. D. or other) M.D
Address 1935 Park Date signed 11-22-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

George N. Archambault....., Registered Apprentice No. XXXXXXX,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec St.

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.