

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38452

FILED DEC 30 1943
Registration District No. 33918

Primary Registration District No. 1003

Registrar's No. 10217

1. PLACE OF DEATH:

(a) County St. Louis
(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 0 (Specify whether years, months or days)

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 10 1867
(Month) (Day) (Year)

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

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

10. Usual occupation Court Clerk

11. Industry or business

MOTHER FATHER { 12. Name John Hehl
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
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 (b) Date thereof 11/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. J. Schumacher

(b) Address 3013 Meramec St.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 24
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2211 Miami
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

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 11-20, 1943,
that I last saw him alive on 11-20, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 day

Due to Myocardial Degeneration 2 yrs.

Due to arteriosclerosis 30 yrs.

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. J. Swickosky (M. D. or other) M.D.

Address 1935 72nd St. Date signed 11-22-43

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

1935 HAIR
GA 7899
2 To 4 P.M

STATEMENT BY LICENSED EMBALMER

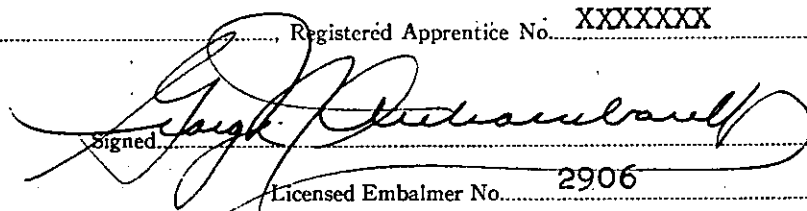
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. XXXXXXXX

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.