V. S. No. 2
00M—5-43
ev. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15188

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 4236

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Isolation Hospital. 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12/6/44 to 5/12/45 (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17

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

(d) Street No. 5800 Arsenal St. 13
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Hegel.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White 1

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. 1st 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation Produce Business.

11. Industry or business

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

MOTHER
14. Maiden name Phillippina Meinhardt.
15. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Grady.
(b) Address 5600 Arsenal St.

17. (a) Cremation (b) Date thereof May 14.45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Bernice Nickerson
(b) Address 1431 Union Blvd.

19. (a) MAY 15 1945 (b) J. F. Bridrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1945 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12/6 1944, 19..., to 5/12, 1945 that I last saw him alive on 5/12, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma — Duration

Due to Carcinoma of rectum

Due to

Other conditions
(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)

(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 R. W. Maxwell (M. D. or other)

Address 5600 Arsenal St Date signed 5-12

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3715

P. O. Address.....

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.