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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25760

State File No. 7893

FILED SEP 14 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

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 #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 24/7
(If outside city or town limits, write "RURAL")

(d) Street No. 3007 S.18th St/ 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HARRY HIEKE

3. (b) If veteran, name war WW#2

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Louise

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased February (Month) 19 (Day) 1906 (Year)

8. AGE: Years 39 | Months 6 | Days 19 | If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Midwest Pipe & Supply Co.

FATHER
12. Name Gustav Hieke
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Bertha Hoffmann
15. Birthplace Highland (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Helen Hieke
(b) Address 3007 S.18th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11, 45 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8th year 1945 hour 12:50 minute A. M.

21. I hereby certify that I attended the deceased from 8/30/45, 19, to 9/8/45, 19; that I last saw him alive on 9/8/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death abcess of lung not tubecular

Due to

Due to

Other conditions Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95 C. 2

Of autopsy

Duration

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 0

23. Signature Herbert C. Fritz (M. D. or other)

Address 1515 Lafayette 9/8/45 Date signed

(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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.