

FILED FEB 7 1948
Registration District No. **318**

Primary Registration District No. **1002**

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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 6111 Wyma Ave NBSO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank August Hehman

3. (b) If veteran, name war None 3. (c) Social Security No. 702-12-4358

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec. 1, 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Round House Clerk

11. Industry or business Terminal R. R. Co.

12. Name Franz Hehman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Hehman

(b) Address 6111 Wyma Ave. Pine Lawn. Mo.

17. (a) Removal (b) Date thereof Jan. 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herman Mo.

18. (a) Signature of funeral director Jay B. Smith.

(b) Address 7456 Manchester Ave. Maplewood Mo.

19. (a) JAN 25 1948 J. T. Bredeck
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1946 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from January 17, 1946, to January 23, 1946
that I last saw him alive on January 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chd. Myocarditis (arteriosclerotic heart disease). Duration ?
Due to Total pneumonia, left 2 weeks

Due to Pleuro-pneumonia, left 2 weeks

Other conditions Emphysema
(Include pregnancy within 3 months of death)

Major findings: 108
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)
(e) Means of injury _____

23. Signature Robert J. Lanning (M. D. or other) _____
Address U. L. L. Co. Mo. Date signed 1/23/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2585

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 3454

....., Registered Apprentice No.....
working under my personal supervision.

Signed David C Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Grand Ave

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.