

**FILED FEB 18 1946**

Registration District No. **6076**

Registrar's No. **341**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Olivette**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Elmwood Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **life**  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **9/6**  
(c) City or town **Olivette**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Elmwood Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **August Heger**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **July 25 1890**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **6** Days **12** If less than one day hr. min.

9. Birthplace **Olivette Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **nil invalid**

11. Industry or business

MOTHER FATHER }  
12. Name **Constantine Heger**  
13. Birthplace **Austria**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Marie Enme**  
15. Birthplace **Austria**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William Heger**  
(b) Address **Clayton, Mo. R#3**

17. (a) **Burial** (b) Date thereof **2-8-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Central Cemetery**

18. (a) Signature of funeral director **Barbara Overland**  
(b) Address **2504-Woodson Rd Overland, Mo**

19. (a) **2-9-46** (b) **E. M. Barran**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **6**  
year **1946** hour **10** minute **10 A M.**

21. I hereby certify that I attended the deceased from **Feb 5**  
1946, to **Feb 6** 1946

that I last saw him alive on **Feb 5** 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia** Duration

Due to **Generalized pneumonia due to mycoplasma of type 46**  
Due to **that infection**

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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 **E. M. Barran** (M. D. or other) **0**  
Address **7510 Delmar U City Mo** Date signed **2-9-46**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6056

**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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

**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.**