S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6471

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

Registration District No. 318

...THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7521

Primary Registration District No. 1003

Registrar's No. 1416

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: Mo. Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 267

(d) Street No. 1107 N. Park Place (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Anna Hehmann

3. (b) If veteran; name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fred. W. Hehmann

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

7. Birth date of deceased July 31st, 1859 (Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Henry Niedernagel

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Lydia Esselbruegge

(b) Address 1107 N. Park Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kraeger-Voss

(b) Address 3402 N. Kingshighway

19. (a) FEB 11 1946 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th year 1946 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov. 24th 1945, to Feb. 10th 1946, that I last saw h. alive on Feb. 10th 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Mellitus	4 months
Due to: Chronic Myocarditis	4 yr
Due to: Arterio Sclerosis	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Alfred MacTaggart (M. D. or other)

Address 4244 W. Florissant Date signed 2/9/46

(Licensed Embalmer's Statement on Reverse Side)

1116

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 by W. Wilkinson

Licensed Embalmer No. 3575

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.