

**FILED** MAR 27 1948

Registration District No. 367

Primary Registration District No. 3063

Registrar's No. 662

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hosp. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Month 6 days  
(Specify whether years, months or days) 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Robertson 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route  
(If rural, give location) 1  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ANDY HEGES

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year) 1886

8. AGE: Years 60 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Europe (City, town, or county) (State or foreign country) X

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown

15. Birthplace nUnknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Patient

(b) Address Robertson, Mo. RR

17. (a) Date of death March 10 1946 (Month) (Day) (Year)

(c) Place: burial or cremation W. Robertson

18. (a) Signature of funeral director 3022 Rutpa

(b) Address \_\_\_\_\_

19. (a) 3-19-46 (Date received local registrar) (b) E. M. Gavan MD (Registrar's signature) 256

20. DATE OF DEATH: Month March day 10th year 1946 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from February 2nd, 1946, to March 10th, 1946, that I last saw him alive on March 10th, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Possible carcinoma of Liver

Due to Acute Colitis of unknown type

Due to 468

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations None  
Of autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of injury) (b) Means of injury 0

23. Signature Carou Hendrix (M. D. or other) \_\_\_\_\_  
Address 601 Brentwood Date signed 3-13-46

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

9548

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**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.....

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.**