

S. No. 2
M-5-43
5-17-39
I X3667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25319**

FILED AUG 5 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6612**

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

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:
3024 BLENDON Pk.
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME HEDWIG H. HELD

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex FEMALE race WHITE

5. Color or race.....

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased. MARCH 31 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 3 25 hr. min.

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

10. Usual occupation HOUSE WIFE

MOTHER FATHER

11. Industry or business.....

12. Name ROGGATZ 4

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

14. Maiden name SCHWEIG 11

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

16. (a) Informant MRS AUGUST MEYER

(b) Address 3109 S. JEFFERSON

17. (a) BURIAL (b) Date thereof 7/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. PETERS

18. (a) Signature of funeral director M. J. Graybar

(b) Address 7146 Manchester

19. (a) JUL 29 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 411
(If outside city or town limits, write "RURAL")

(d) Street No. 3024 BLENDON Pk
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1946 hour 5 minute 35 M.

21. I hereby certify that I attended the deceased from April 5-1946
that I last saw her alive on July 25 to July 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 30min

Due to 9HA

Due to.....

Other conditions Hypertension 58
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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).....

Means of injury 0

23. Signature Joseph McKeane (M. D. or other) MD

Address 2240 Brentwood Date signed 7/29/46

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.