

FILED AUG 23 1948

Registration District No. 018

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

27793

Registrar's No.

6945

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5907 Juniata St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3: (a) PRINT FULL NAME FRANK J. HEGER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 14 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 6 21 hr. min.

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

10. Usual occupation Plumber

11. Industry or business For Self

12. Name Frank Heger

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

14. Maiden name Carrie Sparr

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

16. (a) Informant Hazel Heger

(b) Address 5907 Juniata St.

17. (a) Burial (b) Date thereof 8-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 S. Kingshighway Bl.

19. (a) AUG 7 - 1948 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County AAO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5907 Juniata St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5
year 1948 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from 23 July
1948 to 5 Aug 1948
that I last saw him alive on 5 Aug 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Duration

Due to

Due to

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature G. F. Catanzano (M. D. or other)

Address 2715 Clifton Date signed Aug 8

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

Richard W. Stovesand

Licensed Embalmer No. 4007

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.