

FILED NOV 9 1948

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Wellston**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**6240 Page Ave.**  
(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 **Matilda Hegel Mehan**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **John P. Mehan** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **January 10, 1870**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **1** Days **10** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **at home**

11. Industry or business

12. Name **Frederick Hegel**

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

14. Maiden name **Rickie Tannier**

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

16. (a) Informant **Mrs. Gertrude Edelmann**

(b) Address **1106 Boland- Richmond Heights**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **11/2/48** (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **C. R. Lupton & Sons**

(b) Address **7233 Delmar Blvd.**

19. (a) **11-2-48** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Wellston**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6240 Page Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **31** year **1948** hour **4:20** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **7/11/48** to **10/31/48** and that I last saw her alive on **10/30/48** and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to **Acute Myocarditis** **3 days**  
**Cardio-nephritis** **1 yr.**

Due to **Ch. Arteritis** **1 yr.**

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 \_\_\_\_\_  
3. Signature **[Signature]** (M. D. or other) **MD**  
Address **2901 Big Bend Rd.** Date signed **11/1/48**

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

96  
00

Dr. E. E. Tremaine  
2901 Big Bend Road  
HI 2559

10 to 1

2003/

MAR 3 1949

JAN 10 1949

MAY 3 1949

**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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address, St. Louis, 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.