

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>3642 Gustine</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3642 Gustine</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Adolph</u> b. (Middle) <u>H.</u> c. (Last) <u>Hebrank</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1/29/49</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 11, 1874</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Charles Hebrank</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Raegg</u>		14. NAME OF HUSBAND OR WIFE <u>Frances</u>	
15. WAS DECEASED EVER IN U.S. ARMY OR NAVY? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph H. Hebrank-3416 Utah</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular heart disease & hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Scler</u> DUE TO (c) <u>fracture Rt hip 2/3/48</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>fracture Rt hip 2/3/48</u>		

19a. DATE OF OPERATION <u>2-5-48</u>	19b. MAJOR FINDINGS OF OPERATION <u>fracture - steel plate</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 5 48</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell on ice on sidewalk</u>
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22. I hereby certify that I attended the deceased from 9-2-41, to 1/29/49, that I last saw the deceased alive on 1-29-49, 1949, and that death occurred at 9 21 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. C. [Signature]</u>	23b. ADDRESS <u>4523 S King Henry</u>	23c. DATE SIGNED <u>1/29/49</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/31/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>N. St. Marcus</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>JAN 31 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wacker-Deblater 3634 Gravois</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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-----

Student Embalmer No. -----

working under my personal supervision.

Student
Student Embalmer

Signed *Robert Wheeler*

Licensed Embalmer No. *2178*

P. O. Address *St. Louis*

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.