

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18890**

FILED MAY 19 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3068** Registrar's No. **2161**

4004

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Maplewood</b>		c. LENGTH OF STAY (in this place) <b>years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3328 Greenwood Blvd.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Maplewood</b>	
		d. STREET ADDRESS (If rural, give location) <b>3328 Greenwood Blvd.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>	b. (Middle) <b>William</b>	c. (Last) <b>Hehmann</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 11 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 13, 1871</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Draftsman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Huttig Sash &amp; Door</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>Frederich Hehmann</b>	13b. MOTHER'S MAIDEN NAME <b>Clara Harre</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha H. Hehmann</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-18-6613A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Marie Hehmann, 3328 Greenwood Blvd.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>General arteriosclerosis</b>			

19a. DATE OF OPERATION <b>April 18, 1946</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of the Prostate</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **4-7**, 19**46** to **5-11**, 19**51**, that I last saw the deceased alive on **5-11**, 19**51**, and that death occurred at **12:30Pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Vincent Stoussend M.D.</b>	(Degree or title)	23b. ADDRESS <b>3101<sup>a</sup> Sutton Ave Maplewood Mo</b>	23c. DATE SIGNED <b>5-13-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>	24b. DATE <b>May 14, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-13-51</b>	REGISTRAR'S SIGNATURE <b>Harold R. Banks M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b>	ADDRESS <b>Colonial Mortuary 6161 Chippewa St., St. Louis, Mo.</b>
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Dr. Vincent Townsend  
3101 Sutton Ave.

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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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7514 1st Broadway

**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.