

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13537

3905

 BIRTH NO. 25747-54 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. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>2249 24 2209th Arceval</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gene</u> b. (Middle) <u>Milton</u> c. (Last) <u>Hehner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-6-54</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>4-1-54</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Milton Fred Hehner</u>		13b. MOTHER'S MAIDEN NAME <u>Dolores Louise Seitch</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Milton Hehner</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>tuberculosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prematurity</u> DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>762.5</u>	
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?	
22. I hereby certify that I attended the deceased from <u>4-1-54</u> , 19 <u>54</u> , to <u>4-6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-6</u> , 19 <u>54</u> , and that death occurred at <u>12:55 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Mary E. Hines MD</u>			23b. ADDRESS <u>508 N. Grand</u>		23c. DATE SIGNED <u>4 7 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>4-30-54</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
DATE REC'D BY LOCAL REG. <u>APR 30 1954</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith MO</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert A. Mortuary Service</u>		ADDRESS <u>4104 Manchester Ave. St. Louis 10, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

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.