

FILED APR 2-1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **9374**

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3754 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL - ST. MICHAELS</u>		c. LENGTH OF STAY (In this place) <u>2 YRS.</u>	c. CITY OR TOWN <u>0620</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1104 MARLOWE ANDREWS ADDITION</u>			STREET ADDRESS (If rural, give location) <u>1104 MARLOWE ANDREWS ADDITION</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>	b. (Middle) <u>PAULINE</u>	c. (Last) <u>HEHL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 27, 1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED-NEVER MARRIED, WIDOWED-DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>NOV. 6, 1867</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>NEW YORK STATE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>QUAST</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>GUSTAVE HEHL (DECEASED)</u>		
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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LORENZ SCHELLER (FREDERICKTOWN, MO)</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>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart Disease</u>		<u>yes</u>
	DUE TO (c) <u>Generalized Arteriosclerosis.</u>		<u>yes</u>
	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 <u>4:200</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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)		
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 Sept 24, 1955, to March 27, 1957, that I last saw the deceased alive on March 24, 1957, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles E. Michaelis M.D. 23b. ADDRESS 135 S. Mine La Motte Fredericktown, Missouri 23c. DATE SIGNED March 27, 57

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION 24b. DATE 3/30/57 24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY ST. MATTHEWS CEMETERY 24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2-27-1957 Lorenz Scheller 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. D. T. Adamson - FREDERICKTOWN, MO

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

187-0

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

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FILE No. 457-26

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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 _____

Signature of Student Embalmer

Signed

J. Lawson

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.