

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>547</u>	Registrar's No. <u>1687</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>	c. CITY OR TOWN <u>Berkeley City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>5918 Dowling</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>HOWARD</u> c. (Last) <u>HEBEBRAND</u>		4. DATE OF DEATH (Month) <u>7</u> (Day) <u>22</u> (Year) <u>55</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>May 19, 1885</u>	9. AGE (In years last birthday) <u>70</u> f. UNDER 1 YEAR Months <u>  </u> Days <u>  </u> g. UNDER 1 HOUR Hours <u>  </u> Mins. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>executive</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Design Mfg. &amp; Equipment Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Evansville, Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George A. Hebebrand</u> 13b. MOTHER'S MAIDEN NAME <u>Katherine Smith</u> 14. NAME OF HUSBAND OR WIFE <u>Edna Hebebrand</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown Coast Guard (Aux.)</u>		16. SOCIAL SECURITY NO. <u>495-36-8871</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edna Hebebrand</u> ADDRESS <u>5918 Dowling, Berkeley City</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer secondary metastatic invasion liver pri-</u> <u>mary undetected</u> ANTECEDENT CAUSES <u>  </u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>  </u> DUE TO (c) <u>  </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) m.		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>Dec., 1954</u> to <u>7-22, 1955</u> , that I last saw the deceased alive on <u>7-21, 1955</u> and that death occurred at <u>5:50 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>J. M. Mc Caughan M.D.</u> (Degree or title)		23b. ADDRESS <u>539 N Grand Blvd</u>		23c. DATE SIGNED <u>7-23-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton &amp; Sons-7233 Delmar Blv'd.</u> ADDRESS <u>  </u>		
DATE REC'D BY LOCAL REG. <u>7/23/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u>		

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.....  
Signature of Student Embalmer

Signed *Clarence H. Murray*

Licensed Embalmer No. *4d*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.