

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43886
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **ST. LOUIS** (d) Street No. **ST. ANTHONYS** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **3638 California** St. **[24]**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 30, 1937**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
0 - Steellborn
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **none**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS Mo.**
 13. NAME **Conrad Heger**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS Mo.**
 15. MAIDEN NAME **Theresa Molnar**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

17. INFORMANT (ADDRESS) **Conrad Heger 3638 California Av.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. S. Beta 4 Paul** DATE **12-31-1937**

19. FUNERAL DIRECTOR (ADDRESS) **Walt Brody & Co. 3929 S. Jefferson Av.**

20. FILED **DEC 31 1937** **Jet Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 30 1937**

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw him on **Dec 30 1937** Death is said to have occurred on the date stated above, at **7:15 a.m.**

The principal cause of death and related causes of importance were as follows:

Premature placental separation

Other contributory causes of importance: **cord 11" long.**

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
 (Signed) **G. H. Shuster**, M. D.
 (Address) **54019 Grandis**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important!

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)