

RECORDED 14 1938

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

5289
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1003**
(b) Township Primary Registration District No.
(c) City **St. Louis**, (d) Street No. **Deaconess Hosp.** 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

Mamie Heimberger 516
(a) Residence, No. **4368 Ellenwood** St. **15** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **August Heimberger**
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mch. 30th, 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 10 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House-work**
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) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Bernard Schawacker**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

MOTHER 15. MAIDEN NAME **Elisabeth Wellmeyer**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Gustave Heimberger** (ADDRESS) **4368 Ellenwood**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lakewood Park** DATE **Feb. 24th, 1938**

19. FUNERAL DIRECTOR **William Schumacher** (ADDRESS) **3013 Veramec Street.**

20. FILED **FEB 23 1938** **J.F. Budick**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 21st, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 19, 1938, to Feb 21, 1938**

I last saw her alive on **Feb 21, 1938**. Death is said to have occurred on the date stated above, at **1/30 pm**

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

Cerebrovascular ✓
Hypertension
Date of onset

Other contributory causes of importance: **Hypertension**

Name of operation **none** Date of
What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

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 **PH Cassel** M. D.
(Signed) **3239** (Address) **3239**

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.

4932
3239
S. ...
10/20/12

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.)