

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

34382
 Do not use this space.

NOV 16 1938

1. PLACE OF DEATH

(a) County..... 2 Registration District No. **1003**

(b) Township..... Primary Registration District No.

(c) City St. Louis, (d) Street No. 6176 Pershing Ave., 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 Mary A. Heuer,

(a) Residence, No. 6176 Pershing Ave., St. **5** (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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y 7, 1849

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

89	8	20
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OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

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, Missouri

FATHER

13. NAME Henry Heuer,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pyrmont, Prussia Germany

MOTHER

15. MAIDEN NAME Margaret Vraeda

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rheida, Prussia, Germany.

17. INFORMANT Dr. P. J. Heuer
 (ADDRESS) Mo. Theater Bldg.

18. BURIAL PLACE Bellefontaine DATE Oct. 29, 38

19. FUNERAL DIRECTOR (NAME) Wagoner Und. Co.
 (ADDRESS) 3621 Olive St.

20. FILED OCT 28 1938 J. P. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan'y 1, 1938 to Oct 27, 1938

I last saw him alive on Oct 27, 1938 Death is said to have occurred on the date stated above, at 9 P. M.

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

Chronic Arterial Sclerosis Date of onset 10 years

Chronic Interstitial nephritis

Other contributory causes of importance: Senile debility 10 years

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? No
 If so, specify.....
 (Signed) P. J. Heuer M. D.
 (Address) Mo. Bldg. 634 - 2nd

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.

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, WMe

or by ✓

Registered Apprentice No., working under my personal supervision.

Signed Walter King

Licensed Embalmer No. 3563

P. O. Address 3621 Olive

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, above space should be left blank.