

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

4798
Do not use this space.

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City St. Louis, Mo. (d) Street No. De Paul Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. **1491**

2. PRINT FULL NAME 460 Alice Heller

(a) Residence, No. 5047 Minerva St. 6 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 5 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Illinois

13. NAME William Gossett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Edith Allen
 (ADDRESS) 5009 Geraldine

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. Friends DATE 2/16/39 19.....

19. FUNERAL DIRECTOR (NAME) Edith E. Ambruster
 (ADDRESS) 4234 Manchester

20. FILED J. B. Brudick Local Registrar.

FEB 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14/39 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-10- 1939, to 2-14 1939
 I last saw her alive on 2-13 1939 Death is said to have occurred on the date stated above, at 4:50 A.M.
 The principal cause of death and related causes of importance were as follows:

Bronch pneumonia about
Bronchial catarrh
diabetes
 Date of onset 2-5-39
 Other contributory causes of importance:
Bronchial catarrh
diabetes

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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.....
 (Signed) Clayton B. Kameal, M. D.
 (Address) 4625 Manchester

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, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed *Florenz Eynck*

Licensed Embalmer No. 1284

P. O. Address St Louis Mo.

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.