

REC'D MAR 13 1939

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

791
10035000
Do not use this space.

Registered No. 1693

1. PLACE OF DEATH

- (a) County Registration District No.
(b) Township (City Hospital #1) Primary Registration District No.
(c) City St. Louis (City Hospital #1) (d) Street No. St. Louis, Missouri 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.

D. 11690

Frances Heimberger

2. PRINT FULL NAME

- (a) Residence, No. 5945 Highland Ave. 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) Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44. X4 0

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. hwk
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 Fred McLaughlin

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

- MOTHER
15. MAIDEN NAME Annie Henry

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

17. INFORMANT Mrs. Frank Parisi (Address) 5945 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cemetery DATE Feb. 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) 1431 Union Blvd

20. FILED FEB 22 1939 J. B. Burkholder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/20/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/9/38 to 2/20/39, 1939.
I last saw her alive on 2/20/39, 1939. Death is said to have occurred on the date stated above, at 2.10 a.m.

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

Carcinoma of the neck.

Date of onset

Other contributory causes of importance:

Name of operation Gerson Date of 7/24/58

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? No, specify

(Signed) W. L. Keenan, M. D.

(Address) City Hospital No. 1

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 *Frank P. Dehane*
Licensed Embalmer No. 2915

P. O. Address _____

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.