DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 12 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20971

Registration District No. 791

Primary Registration District No.

Registrar's No. 5815

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since May 21, 1939 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1013 Ohio
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 260 Julia Heater

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race C

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 11 (Day) 1879 (Year)

8. AGE: Years 60 Months 2 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER 12. Name Griffut Heater

13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER 14. Maiden name Marie Ross

15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant's own signature A Lozo Heater

(b) Address 1013 Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-39 (Month) (Day) (Year)

(c) Place: burial or cremation Grenwood Cemt.

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine

19. (a) JUN 30 1939 (Date received local registrar) (b) J. F. Bridell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1939 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 21, 1939, 19..., to June 26, 1939, 19...; that I last saw her alive on June 26, 1939, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic gangrene of right foot — Duration abt. 8-10 months

Due to --

Due to --

Other conditions Arteriosclerotic heart disease
(Include pregnancy within 3 months of death) Senility

Major findings:
Of operations --

Of autopsy --

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident; suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Richard Hackney (M. D. or other)

Address 7601 N Whittier Date signed 6/29/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 William C. McDowell, Registered Apprentice No.....,
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2/1 21

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.