

REC AUG 11 1939

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

24239  
Do not use this space.

1. PLACE OF DEATH

(a) County 791 1003 Registration District No. 791 1003  
(b) Township 1003 Primary Registration District No. 1003  
(c) City St. Louis, (d) Street No. 1617 North 18th Street 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 Marcella L. Heming

(a) Residence, No. 1617 North 18th Street St. 21  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) September 7, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
14 10 16

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. Student  
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, Mo.  
(STATE OR COUNTRY)

13. NAME Melvin Henning

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

15. MAIDEN NAME Cecelia Hildebrand

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

17. INFORMANT Melvin Henning  
(ADDRESS) 1617 North 18th Street

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peters Cemetery DATE July 26, 1939

19. FUNERAL DIRECTOR (NAME) General Funeral Home Inc.  
(ADDRESS) 2233 University Street

20. FILED JUL 25 1939 J.P. Buehler  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1939, to July 23, 1939.  
I last saw her alive on 7-23-1939. Death is said to have occurred on the date stated above, at 2:40 P.M.

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

Primum Lobar Terminal

Other contributory causes of importance: Paralytic Spasms 7 yr.

Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 19 None  
Where did injury occur? None  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify None  
(Signed) J.P. Buehler, M. D.  
(Address) 2305 No. Boulevard

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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Dr. J. O. PEELER  
2505 North 15th. Street

6e. 9927

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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.....

*Edward J. Beckhorst*.....; Registered Apprentice No.....  
working under my personal supervision.

Signed

*Edward J. Beckhorst*

Licensed Embalmer No.

*2502*

P. O. Address

*Clayton 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.