

Registration District No. 184 Primary Registration District No. 211

1. PLACE OF DEATH: 2

(a) County St. Louis

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

(c) Name of hospital or institution:
Madison Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Magdalen Heep, 100

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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 Sept. 18, 1877.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>9</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Casper Heep

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

14. Maiden name Louise Messner

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

16. (a) Informant's own signature Emma Heep

(b) Address Berkeley City, Mo.

17. (a) Burial (b) Date thereof July 12/39.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gas. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County St. Louis

(c) City or town Berkeley City
(If outside city or town limits, write "RURAL")

(d) Street No. Madison Ave.,
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1939 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from 2-16-32
7-9, 1939, to 7-9, 1939;
that I last saw her alive on 7-9-39, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration _____

Due to Intestinal Influenza 14 da

Due to Appendicitis oc

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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) no

(b) Date of occurrence no

(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? no

While at work _____ (Specify type of place) (e) Means of injury no

23. Signature [Signature] (M. D. or other) _____

Address 340 Bernard Ave Date signed 7-10-39

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.

M. Geo. Klunkerfuss
Normandy, Mo.

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.....

Geo. W. Klunkerfuss

Licensed Embalmer No. I66I

P. O. Address 1125 Hodiament Ave.

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.