

Registration District No. 701
1008

Primary Registration District No. _____

Registrar's No.

9653

1. PLACE OF DEATH:

(a) County _____ 1
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. ANTHONY'S HOSPITAL
(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 HENRY HEUMANN JR 5503. (b) If veteran, name war NONE 3. (c) Social Security No. NONE4. Sex MALE 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 NOV. 12 1939
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
00 00 00 3 hr. min.9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation NONE11. Industry or business 012. Name HENRY HEUMANN SR 118. Birthplace GERMANY 1
(City, town, or county) (State or foreign country)14. Maiden name HELENA LANMERS15. Birthplace GERMANY
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Henry Heumann Sr.(b) Address 5412 ROSA AVE17. (a) BURIAL (b) Date thereof Nov 12 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SS PETER AND PAUL CEM.18. (a) Signature of funeral director J. H. GIBSON PAVES.(b) Address 2620 GRAYOIS AVE.19. (a) NOV 12 1939 (b) J. H. Gibson Paves
(Date received and filed for registration) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 1
(c) City or town ST. LOUIS, 1 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5412 ROSA AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th
year 1939 hour 6 minute 10 A.M.21. I hereby certify that I attended the deceased from
Nov 12, 1939 to Nov 12, 1939
that I last saw him alive on Nov 12, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Patent Foramen Ovale Duration engulfedDue to child died about 3 hours after birth.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none PHYSICIAN _____Of autopsy none 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? _____

While at work? 1 (Specify type of place) (a) Means of injury _____28. Signature W. A. Schenker (M. D. or other) W.A.Address 3316 E. Grand Date signed 11-13-39

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 Herman A. Gebken

Licensed Embalmer No. 2120

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.