

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12205

State File No. _____

Registration District No. 257

Primary Registration District No. 3036

Registrar's No. 57

1. PLACE OF DEATH:

(a) County St Charles
 (b) City or town St Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Hell Day 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community most of her life (Specify whether
 years, months or days) 26 1/2

3. (a) PRINT FULL NAME Laura Elizabeth Heuser

3. (b) If veteran, name war _____ 3. (c) Social Security No. 6

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband Mr H.H. Heuser 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 26 1861
 (Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 26 If less than one day hr. _____ min. _____

9. Birthplace St Louis Co (City, town, or county) (State or foreign country) MO

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Jame C Bacon 5

18. Birthplace St Louis Co (City, town, or county) (State or foreign country) MO

14. Maiden name Martha Blize

15. Birthplace St Louis Co (City, town, or county) (State or foreign country) MO

16. (a) Informant's own signature H.H. Heuser

(b) Address 1611 Clay

17. (a) Burial (b) Date thereof Mar 26 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howell Mo

18. (a) Signature of funeral director _____

(b) Address 424 Jefferson - ST CHARLES MO

19. (a) 3/26/40 (b) Robert S. Hooper
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. CHARLES
 (c) City or town ST. CHARLES
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1611 CLAY STREET
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd at
 year 1940 hour 4 minute _____ P.M.

21. I hereby certify that I attended the deceased from Feb 1939
 _____, 19____, to March 23, 1940;
 that I last saw her alive on March 22, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>pulmonary congestion</u>	<u>1 day</u>
<u>myocardial degeneration</u>	<u>1 mo</u>
Due to <u>acute chronic cholecystitis</u>	<u>3 mo</u>
Due to _____	_____
Due to _____	_____

Other conditions Senility
 (Include pregnancy within 3 months of death) g.c.

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? 1940
 _____ (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature Vernon A. Schuster (M. D. or other) MD
 Address St Charles, Mo Date signed 3/25/40

WHILE FILLING IN—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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Martin M. Muehling*

Licensed Embalmer No. *2461*

P. O. Address *Harvey, 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.