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3-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30156
State File No. 7433
Registrar's No.

791
OCT 23 1940

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 yrs. 6 mo. 14 days
(Specify whether years, months or days)

In this community about 58 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUIS HEISLER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased About - 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 58 hr. min.

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

10. Usual occupation NEI SHOEWORKER

11. Industry or business Nil FACTORY

12. Name Unknown SOLOMON HEISLER

13. Birthplace Unknown HUNGARY Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown ERUMA BLEYER

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

16. (a) Informant MRS. MAMIE ROSENBERG

(b) Address 5753 ETZEL

17. (a) BURIAL (b) Date thereof 9/4/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BNAI AMOONA

18. (a) Signature of funeral director H. B. BERGER

(b) Address 4715 McPHERSON

19. (a) SEP 4 1940 (b) [Signature]
(Date received local registrar) (Printed name)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis 13 RR
(If outside city or town limits, write "RURAL")

(d) Street No. Fulton No. 5400 Arsenal
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd
year 1940 hour 2:20 minute A.M.

21. I hereby certify that I attended the deceased from 11/15/39
....., 19....., to Sept. 3rd, 1940
that I last saw h. im alive on September 3rd, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration
Onset 6-20-40

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy No

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?.....

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

23. Signature N. J. Bubliss (M. D. or other) M.D.
Address..... Date signed.....

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

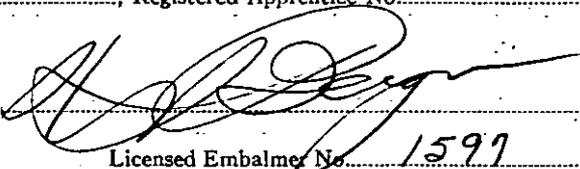
MOTHER FATHER

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.....



Licensed Embalmer No. 1597

P. O. Address 4715 McPherson

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, fact should be so stated above.