

NOV 16 1940

791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 3309 Illinois Av.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether)  
In this community 2  
years, months or days

3. (a) PRINT FULL NAME Robert E. J. Heusler

3. (b) If veteran, name war no 3. (c) Social Security No. 710

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widower  
6. (b) Name of husband or wife Louise Heusler 6. (c) Age of husband or wife if alive 18 years  
7. Birth date of deceased Apr. 10 1859  
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 22 If less than one day  
hr. min.

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

10. Usual occupation Retired Upholsterer

11. Industry or business Unknown Heusler

12. Name Unknown Heusler

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

14. Maiden name Unknown

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

16. (a) Informant Robert Heusler

(b) Address 3309 Illinois Av.

17. (a) Cremation (b) Date thereof 10-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Brodsky

(b) Address 2929 S. Jefferson Av.

19. (a) OCT 3 1940 (b) AB Breda  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 24  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3309 Illinois Av.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 12 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2  
year 1940 hour 9 minute 00 M.

21. I hereby certify that I attended the deceased from Sept. 25, 1940 to Oct 2, 1940  
that I last saw him alive on Oct 2nd, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronica  
Extrema - Sclerosis 3 years

Due to None

Due to None

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

Major findings: Of operations None

Of autopsy None

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? no  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (a) Means of injury no

23. Signature Julius C. R. Koller (M. D. or other) M.D.  
Address 2603 Cherokee St Date signed Oct. 2, 40

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

**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.....

*Paul C. Shanklin*

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Paul C. Shanklin*

Licensed Embalmer No. ....

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, fact should be so stated above..