S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40480

Registrar's No. 10251

17

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

1. PLACE OF DEATH:

(a) County 2

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

(c) Name of hospital or institution: 1418a So. Compton
(If not in hospital or institution, write street number or location)

(d) Length of stay in hospital or institution: En Route City Hospital #1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Missouri (b) County

(c) City or town St. Louis 18
(If outside city or town limits write "RURAL")

(d) Street No. 1418a So. Compton
(If rural, give location)

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

3. (a) PRINT FULL NAME William Heil

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Heil

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July (Month) 4 (Day) 1864 (Year)

8. AGE: Years 76 | Months 5 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Nil 6

11. Industry or business 6

FATHER
12. Name William Heil 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Frances Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Anna Heil

(b) Address 1418a So. Compton

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 12/14/40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director E. J. Schnur

(b) Address E. J. Schnur 3125 Lafayette

19. (a) DEC 13 1940 (Date received local registrar) **(b)** J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1940 hour 3:15 minute P M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Coeliacion	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury 5

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

Address Deputy Coroner Date signed 12/13/40

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette 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.