

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3059

Registration District No. #25

Primary Registration District No. 5580

Registrar's No. 14-66

1. PLACE OF DEATH:

(a) County JEFFERSON
 (b) City or town RURAL MERAMEC
 (If outside city or town limits, write "RURAL" and name of township)
NEAR HIGH RIDGE Mo RURAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 25 years (years, months or days)

3. (a) PRINT FULL NAME AUGUST HELLER3. (b) If veteran, name war NONE 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 JULIA HELLER NEE FICKEN 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased MARCH 7 - 1872
 (Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 16 If less than one day _____ hr. _____ min.9. Birthplace HIGH RIDGE-JEFFCO MO
(City, town, or county) (State or foreign country)10. Usual occupation RETIRED BLACKSMITH11. Industry or business OWN BUSINESS12. Name FREDERICH HELLER13. Birthplace MECKLENBERG GERMANY
(City, town, or county) (State or foreign country)14. Maiden name CAROLINE SCHARP15. Birthplace MECKLENBERG GERMANY
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Julia Heller(b) Address High Ridge Mo17. (a) BURIAL (b) Date thereof JAN 26 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation ST MARTINS - HIGH RIDGE18. (a) Signature of funeral director H. B. Brimmer(b) Address House Springs19. (a) 25 Jan 1941 (b) James A. Lawrence
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1941 hour 5 minute 45 A. M.21. I hereby certify that I attended the deceased from 1-23, 1941, to 1-20, 1941;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of pharynx Duration 2 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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?
380 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Louis S. Ryan (M. D. or other) D.M.O.Address 422 West 1st St. Blue Springs Mo Date signed 1/23/41

4-5
Denver
400 - Michigan
1970

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: *John H. Brunner*
Licensed Embalmer No. *1470*
P. O. Address: *Home Springs 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.