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1941

MAR 11 1941
Registration District No. 784

Primary Registration District No. 200

State File No. _____

Registrar's No. 310

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Jennings
(c) Name of hospital or institution: Elms Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ella Heberer

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Joseph Heberer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 5 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	5	3	hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Franklin Clain

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

14. Maiden name Louise Bartlett

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

16. (a) Informant Mrs Jessie Laible

(b) Address 3906 Lindell Blvd

17. (a) Burial (b) Date thereof Feb 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director A. K. ... Co

(b) Address 2707 1/2 N Grand

19. (a) FEB 10 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 2520 Mc Laran
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1941 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb.
2, 1941 to Jan. 22, 1941;
that I last saw her alive on Jan. 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cor. Myocarditis

Due to _____
Due to _____

Other conditions Senility
(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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address 6376 Clayton Road Date signed Feb. 8/1941

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. *26310*

P. O. Address *2707 N. Chad*

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.