

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32928
7880

FILED NOV 24 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2351 Louisiana Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Heckel

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

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

6. (b) Name of husband or wife John H. Heckel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 30, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 3 6 _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Grank Grossheider
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Rothweiler
(b) Address 2351 Louisiana Ave.

17. (a) Burial (b) Date thereof Octt. 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) OCT 2 1941 (b) J. J. Brednich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 16 17 9 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2351 Louisiana Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1941 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from January
33 to Sept 30 1941
that I last saw h lv alive on Sept 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration _____

Due to Pulmonary Hemorrhage
no evidence of I.B.
Due to General Arteriosclerosis

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

Major findings: 93d
Of operations _____
93e
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature J. H. M. Cannon (M.D. or other) J. C.
Address 3715 S. Grand Date signed 10/2/41

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

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19
9

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.....

Nancy Stewart

Licensed Embalmer No..... 3722.....

P.O. Address..... 412 Duchouquette St.....

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.