S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 8685

Registrar's No. 3117

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hosp. #1.
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 23 17 9
(d) Street No. 1014 Emmett St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Katy Heiser
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: widow
6. (b) Name of husband or wife: Valentine Heiser
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Dec. 31. 1869 (Month) (Day) (Year)

8. AGE: Years 72 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace: Herman (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: at home
11. Industry or business
FATHER 12. Name: Conrad Erny
FATHER 13. Birthplace: Switzerland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Maria Schanat
MOTHER 15. Birthplace: Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant: Josephine Dreyer
(b) Address: 4215 Gannett Av.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mo. Crematory
18. (a) Signature of funeral director: Witt Bro. & Ulc.
(b) Address: 2929 S. Jefferson Av.
19. (a) APR 7 1942 (Date received local registrar) (b) J. F. Bruech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1942 hour / minute 45 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.

Immediate cause of death — Duration
Chronic Myocarditis;
Due to Chronic Interstitial Nephritis;
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
23. Signature James J. Stephenson (M. D. or other)
Address Date signed

(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

Paul A. Franklin, Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jefferson

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.