

FILE MAY 20 1942

Registration District No. ....

Primary Registration District No. 3036

Registrar's No. 295

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

1. PLACE OF DEATH:  
 (a) County St Charles  
 (b) City or town St Charles  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St Joseph's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 days (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St Charles  
 (c) City or town St Charles (If outside city or town limits, write "RURAL")  
 (d) Street No. 434 N. Kings Highway (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. EDNA HEEM BROCK  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 19  
 year 1942 hour 10 minute - P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Oleu Heembrock 6. (c) Age of husband or wife if  
 alive 43 years  
 7. Birth date of deceased August 10 1892  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
April 16, 1942 to April 19, 1942  
 that last saw him alive on April 19, 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 8 Days 9  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Pulmonary Embolism Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to 111a  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Kidney Stone  
 Of autopsy \_\_\_\_\_

9. Birthplace St Charles Ohio  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Henry Harst  
 13. Birthplace 9  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Breunhuber  
 15. Birthplace 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Clara A Heembrock  
 (b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof April 22, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lutheran Church

18. (a) Signature of funeral director Helen Mary Bone  
 (b) Address 326 N. 6th St - St Charles, Mo

19. (a) Apr 21 1942 (b) Clarence S. Wessler  
 (Day received local registrar) (Registrar's signature)

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) (e) Means of injury 0  
 23. Signature J. M. Jenkins (M. D. or other)  
 Address St Charles, Mo Date signed 4-20-42

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 Arthur O. Beece  
Licensed Embalmer No. 3155  
P. O. Address St Charles 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, fact should be so stated above.**