

S. No. 2
M-9-4-41
v. 5-17-39
X29484

15479/

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 18 1942

Registration District No. 107

Primary Registration District No. 200

Registrar's No. 1020

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Bel - Nor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2975 Clearview Dr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Bel-Nor
(If outside city or town limits, write "RURAL")

(d) Street No. 2975 Clearview Dr.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY BERNARD HEUER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 24, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Butcher

11. Industry or business _____

MOTHER FATHER { 12. Name Christopher Heuer

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

14. Maiden name Anna Maier Feldhaus

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Emil Heuer

(b) Address 2975 Clearview Dr.

17. (a) Burial (b) Date thereof 5-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Callen - Kelly

(b) Address 7267 Natural Bridge

19. (a) MAY 9 - 1942 (b) C. H. McNamee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1942 hour 7:40 minute _____ M.

21. I hereby certify that I attended the deceased from May 8 1942 to May 8 1942
that I last saw him alive on 5-8 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to _____

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration 10 yrs.

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 _____

23. Signature Chas. Jost (M. D. or other) MD

Address 3500 N. Grand Date signed 5-9-42

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 Robert McManis
Licensed Embalmer No. 3732
P. O. Address St. Louis

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.