

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25201

State File No.

Registration District No. 780

Primary Registration District No. 4467

Registrar's No. 49

95
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. ST. GENEVIEVE
(b) City or town. ST. MARY'S
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community. years, months or days

3. (a) PRINT FULL NAME MAGDALENE HEISSERER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife MICHAEL HEISSERER 6. (c) Age of husband or wife if alive years

7. Birth date of deceased APRIL 13 1960
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	3	21	hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name JOHN POBST

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

14. Maiden name KATHERINE SCHEIN

15. Birthplace SCOTT CO MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Rachel Halberberg

(b) Address 5854 3/2 Gaener Ave

17. (a) Burial (b) Date thereof AUG. 6 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Mo

18. (a) Signature of funeral director Geo C. Baker

(b) Address St. Genevieve Mo

19. (a) Aug 5/42 (b) T.W. Douglas
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Genevieve
(c) City or town St. Marys
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 4, year 1942 hour 13:20 minute A. M.

21. I hereby certify that I attended the deceased from May 1st 1942 to Aug 4th 1942 that I last saw her alive on Aug. 3rd 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the common gall duct and stomach

Due to: H6f

Other conditions: J.G. Wilkerson M.D.

Major findings: No operation

Of autopsy: No autopsy

Duration

Unknown
Post mortem
examined
prior to
May 1942

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 J.G. Wilkerson (M. D. or other)
Address St. Marys, Mo Date signed 8/11/42

RECEIVED

District Health Officer No. 4
District File Number 842-1068
Date Filed 6-13-42

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 L. C. Baker

Licensed Embalmer No. 1985

P. O. Address St. Genevieve 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.