

FILED AUG 20 1942

Registration District No. 791

Primary Registration District No. 100

Registrar's No. 6797

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

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: MM Frisco Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 1/2 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
0 20

(d) Street No. 2303a Mallinckrodt St
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Heibel

3. (b) If veteran, name war No

3. (c) Social Security No. 707-16-2948

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Helen Eismann Heibel

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 28 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>2</u>	<u>13</u>hr.min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Freight Trucker

11. Industry or business Frisco R R

12. Name John Heibel

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

14. Maiden name Eliz Fosbeinder

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

16. (a) Informant Helen Heibel

(b) Address 2303³ Mallinckrodt

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetary

18. (a) Signature of funeral director Beiderwieden Funl Home

(b) Address 1936 St Louis Ave

19. (a) AUG 12 1942 (Date received local registrar)
J. F. Prueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1942 hour 9:40 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 2
22 - 1942 to Aug 11 - 1942
that I last saw her alive on Aug 11 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant
Carcinoma caecum
and sigmoid 30 days

Due to Carcinoma caecum
and sigmoid 6 mo

Due to H₂O

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

Major findings: Safarotomy H₂O
Of operations Large infiltrative carcinoma
Of autopsy caecum

Duration 30 days
6 mo

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 10 mph

23. Signature Dr. Hugh Haynes (M. D. or other)
Address St. Louis Mo Date signed 8/11/42

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.....

Licensed Embalmer No..... 3497

P. O. Address..... 1936 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.