S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25907

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7230

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10yrs.6mos.2dys. (Specify whether In this community - years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 ~~6~~ 13

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 4759 St. Louis Ave. (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rose Heideman

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 2 Widow

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

7. Birth date of deceased Nov. 1, 1878 (Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 27 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Ambrose Mutchler
13. Birthplace Unknown (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Rose Weiber
15. Birthplace Unkhown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant L. Diggen
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 - 30 - 42 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director J. W. McLaughlin
(b) Address 2301 Lafayette

19. (a) AUG 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1942 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-42, 19 to 8-28-42, 19; that I last saw her alive on 8-28-42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Bilateral Lobar Pneumonia

Due to (onset 8-18-42).

Due to

108

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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 Stanley S. Namec (M. D. or other) M.D.

Address 5400 Arsenal St. Date signed 8/28/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.