

MLW SEP 4 1942 8

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 7174

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:  
4762 Anderson Ave /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community Unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17-5  
(If outside city or town limits, write "RURAL") 9-7  
(d) Street No. 4762 Anderson Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME William E. Heilman

3. (b) If veteran, name war None 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs Margaret S. Heilman 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased October 5, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 10 21 hr. min.  
11

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

10. Usual occupation Barber

11. Industry or business

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret S. Heilman

(b) Address 4762 Anderson Ave

17. (a) Removal (b) Date thereof 8/28/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphysboro, Ills.

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 27 1942 J. F. Bredack  
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th.  
year 1942 hour 7:25 PM minute M.

21. I hereby certify that I attended the deceased from July 2, 1942 to August 26, 1942  
that I last saw him live on Aug 26, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of mouth R. cheek & deep pit maxillary sinus  
Duration  
Unknown  
Due to suppurative  
Other conditions 55  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 E. C. Ketter (M. D. or other)  
Address 906-7. Chemical Date signed 8/27/42

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

44  
48

*It is hereby certified that the body of [unclear] was embalmed by me, or by [unclear] working under my personal supervision.*

**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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, 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.