

FILED OCT 21 1942
Registration District No. 318

Primary Registration District No. 1003

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:
3707 Sullivan Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town st. Louis (If outside city or town limits, write "RURAL") 12
(d) Street No. 3707 Sullivan Ave. (If rural, give location) 9 10
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Heilman

3. (b) If veteran, name war no 3. (c) Social Security No. 078-05-1120

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lizzie Heilman 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 24 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>11</u>	<u>14</u>	hr. min.

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

10. Usual occupation Packer

11. Industry or business Shapleigh Hardware Co.

MOTHER FATHER { 12. Name John Heilman

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

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lizzie Heilman

(b) Address 3707 Sullivan Ave.,

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

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director A. Mow R. H. Co.

(b) Address 2707 N. Grand Blvd

19. (a) OCT 12 1942 (b) J. F. Bredbeck
(Date received local file) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1942 hour 9 minute 45 a. M.

21. I hereby certify that I attended the deceased from Oct 7 1942
to Oct 7 1942
that I last saw him alive on Oct 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Acute cardiac dilation</u>	<u>1 wk</u>
<u>Chronic myocarditis</u>	<u>1 year</u>
<u>Chronic nephritis</u>	<u>14 mo</u>

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: no
Of operations no
Of autopsy no

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. F. Bredbeck (M. D. or other) Dr. J. F.
Address 3500 N. Grand Date signed 10/12/42

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

Paul F. Grollenberg
Licensed Embalmer No. *2631*
P. O. Address. *2707 N. Grand*

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.