

FILED JAN 14 1943

Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 8304

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:
3530 Indiana Av. 1
(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)

3. (a) PRINT FULL NAME Lucille E Heibel

3. (b) If veteran, name war. no 3. (c) Social Security No. 710

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

6. (b) Name of husband or wife. Jerome Heibel 6. (c) Age of husband or wife if alive. 35 years

7. Birth date of deceased. April 18 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 5 17 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Marti
13. Birthplace Pocahontas Ill
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Zimmermann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Jerome Heibel
(b) Address 3530 Illinois Av.

17. (a) Burial (b) Date thereof 10-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. S. S. Peter + Paul with Bro. L + W

18. (a) Signature of funeral director. [Signature]
(b) Address 2929 S. Jefferson Av.

19. (a) OCT 7 1942 (b) J F Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17
(c) City or town ST. LOUIS 924
(If outside city or town limits, write "RURAL")
(d) Street No. 3530 Indiana Av.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1942 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Duration

Due to non-specific Aortitis;
Edema of Brain;

Due to.....

Other conditions.....
(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 [Signature] (M. D. or other)
Address [Signature] Date signed 10/4/42

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

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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.....

Paul Shanklin

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

working under my personal supervision.

Signed.....

Edgar F. Mitt

Licensed Embalmer No. *2117*.....

P. O. Address. *2929 S. Jefferson*.....

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.