

Registration District No. 200

Primary Registration District No. 200

Registrar's No. 2658

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Arbor Terrace Village  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mother of Good Counsel Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years  
(Specify whether  
In this community Birth  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Arbor Terrace Village  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6825 Natural Bridge Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Ellen Schefers  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 16th  
year 1942 hour 2:30 AM minute 0 M.  
21. I hereby certify that I attended the deceased from 11-10  
1940, to 12-16, 1942;  
that I last saw her alive on 12-16, 1942;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Not mentioned 6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased September 11, 1858  
(Month) (Day) (Year)

Immediate cause of death Ca of Rectum  
Duration 2 yrs

8. AGE: Years Months Days If less than one day  
84 3 5 hr. min.

Due to 46d  
Due to Arterio sclerosis General.  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Greenville Ala.  
(City, town, or county) (State or foreign country)  
10. Usual occupation At home

Major findings:  
Of operations None  
Of autopsy None  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business  
12. Name Jacob Heineman  
13. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Lena Bergmann  
15. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs Julia E. Armstrong  
(b) Address 3503 Fair Ave  
17. (a) Burial (b) Date thereof 12/19/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation S. S. Peter & Paul Cemetery  
18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave  
19. (a) 12-17-42 (b) C. J. McLean M.D.  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence None  
(c) Where did injury occur? None  
(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 L. H. Kienyess M.D. (M. D. or other) M.D.  
Address 340 Bermuda Ave Date signed 12-19-42

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Francis A. Williamson  
Licensed Embalmer No. 3565  
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.**