

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED FEB 19 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 80

Registration District No. 88 Primary Registration District No. 200

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Lemay
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mt. St. Rose Sanatorium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11/24/42 to 1/11/43
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Charles
 (c) City or town Forrestell
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HEPPERMAN, MARY

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Divorced married
 6. (b) Name of husband or wife Louis Heppermann 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased July 6, 1891
 (Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Flint Hill Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER 12. Name Parr, William

13. Birthplace Flint Hill Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Frances Madden

15. Birthplace Flint Hill Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Louis Heppermann

(b) Address Forrestell, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43
 (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville, Missouri

18. (a) Signature of funeral director T.E. Pitma n
 (b) Address Wentzville, Mo.

19. (a) JAN 13 1943 (Date received local registrar) (b) E.G. Madigan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11/24 1942, to 1/11 1943;
 that I last saw her alive on 1/11 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Miliary Tbc.

Due to _____
 Due to _____

Other conditions Tbc. Laryngitis, Pharyngitis + Meningitis
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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 D. G. Murphy M.D. (M. D. or other) _____
 Address Mt. St. Rose Sanatorium Date signed 1/11/43

Duration 8 mo.
PHYSICIAN
 Underline the cause to which death should be charged statistically.

APR 6 1950

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.....

W. W. Wilkinson
Licensed Embalmer No..... 3595

P. O. Address.....

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.