

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital. 0
(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 **Heinermann, Blanche**

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, **Widowed.**

6. (b) Name of husband or wife **Adam Heinermann,** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February 26th, 1898.**
(Month) (Day) (Year)

8. AGE: **44** Years **11** Months **11** Days If less than one day
hr. _____ min.

9. Birthplace **Saint Louis, Missouri. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **House-Wife**

11. Industry or business _____

MOTHER FATHER } 12. Name **Gottlob Hostettler**
13. Birthplace **Unknown Switzerland 5**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Switzerland 5**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gottlob Hostettler**
(b) Address **3504 Pennsylvania Ave.**

17. (a) **Burial** (b) Date thereof **Feb. 10-1943.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS. Peter & Paul Gen.**

18. (a) Signature of funeral director **Ziegenhein Bros**
(b) Address **6409 Gravois Ave.**

19. (a) **FEB 8 1943** (b) **J. J. Brucke**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **000**
(c) City or town **Saint Louis, 124**
(If outside city or town limits, write "RURAL.") **724**
(d) Street No. **3504 Pennsylvania Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **7**
year **1943** hour **4** minute **20 A.** M.

21. I hereby certify that I attended the deceased from **2-1**, 19**43**, to **2-7**, 19**43**.
that I last saw h. **E.R.** alive on **2-7**, 19**43**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Post-operative shock 18 hours -**

Due to **Removal of Spleen of Chest**

Due to **Spleen of Rt Chest 2 weeks**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **55**
Of autopsy _____

Duration
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) **No**
(b) Date of occurrence **No**
(c) Where did injury occur? _____ (City or town) (County) (State) **No**
(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 **0**

23. Signature **Louis T. Mook** (M. D. or other)
Desloge, Mo Address Date signed

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

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

Juddie W. Grijink

Licensed Embalmer No. *2270*

P. O. Address *6409 Grosvais*

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.