

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 311

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

1. PLACE OF DEATH:

(a) County St. Louis County Normandy  
 (b) City or town Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3809 Lawler Drive  
 (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 St. Louis  
 (c) City or town NORMANDY  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3809 Lawler Drive  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Catherine A. Heckenkamp

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. MISSOURI

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 30, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 3 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Philip Muebe

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

14. Maiden name Unknown

15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Joseph H. Heckenkamp  
(b) Address 3809 Lawler Drive

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

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Bromschwig Und. Co.  
(b) Address 4746 West Florissant

19. FEB 10 1943 (Date received from Registrar) (b) E. D. McNaughton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month February day 9 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from February 9 to Feb 9, 1943 that I last saw her alive on February 8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular, renal disease Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (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 \_\_\_\_\_

Signature Joseph Froeschewitz M. D. or other \_\_\_\_\_

Address 3601 Center DA Date signed 3/9/43

Address \_\_\_\_\_ Date signed \_\_\_\_\_

100. *Chino Valley*  
3601 Central Ave.

9-10 A.M. *Orville Johnson*  
9-5 P.M.

Ex 5128

FEB 17 2003

**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 *G. W. Wilkinson*

Licensed Embalmer No. *3575*

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.**