

FILED MAR 20 1943 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

Registrar's No. 2247

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:  
3008 A S. COMPTON 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000  
(c) City or town ST. LOUIS 12  
(If outside city or town limits, write "RURAL") 916  
(d) Street No. 3008 A S. COMPTON AV.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ANNA HEIL

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, widowy

6. (b) Name of husband or wife WILLIAM HEIL 6. (c) Age of husband or wife if

7. Birth date of deceased MARCH 2 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MISSOURI 0  
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

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

MOTHER FATHER { 12. Name UNKNOWN HUELSING  
13. Birthplace UNKNOWN 9-  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. ANNA Bauer  
(b) Address 3008 A S. COMPTON AV.

17. (a) BURIAL (b) Date thereof MARCH 19 1943  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director E. J. Schur

(b) Address 3125 Lafayette Ave.

19. (a) MAR 8 1943 (b) J. S. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6  
year 1943 hour 2 minute 25 p. M.

21. I hereby certify that I attended the deceased from Feb 11  
1943 to March 6 1943  
that I last saw alive on March 6 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Stenoplegia

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

Other conditions Spinal  
(Include pregnancy within 3 months of death) 00

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)  
Signature J. B. [Signature] (M. D. or other) MD  
Address 1446 S. [Signature] Date signed 3-8-43

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.....

*Joe B. Vallmire*

Licensed Embalmer No. *4014*

P. O. Address *3125 S. ...*

**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.