

12233

7. S. No. 2

FORM 5-42

FILED
PT X32873DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3445

APR 23 1943

318

1003

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hosp. #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 Days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Agnes May Heer3. (b) If veteran, name war no 3. (c) Social Security No. no4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife John C. Heer 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Sept. 22, 1874
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
68 6 18 hr. _____ min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name ? Krockner13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Louise Roll
(City, town, or county) (State or foreign country)15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Erline Ferguson
(b) Address 2923 Greentop Ct.17. (a) Burial (b) Date thereof 4-13-1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester19. (a) APR 19 1943 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1117 N. Euclid
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1943 hour 8:45 minute P. M.21. I hereby certify that I attended the deceased from March 18, 19 43 to April 10, 19 43
that I last saw him alive on April 10, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary embolism Sudden
 Due to Thrombophlebitis of the femoral vein 10 days
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Organic psychosis (acute) PHYSICIAN _____
Of operations _____Of autopsy above confirmed
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) _____
 (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 or upon? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Thom Sweetman, M.D. (M. D. or other) _____
 Address 1515 Lafayette Date signed 4-12-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

J. J. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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.