

FILED MAY 6 1943

Registration District No. _____

Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2200 Bredell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 weeks
In this community Birth (Specify whether years, months or days)

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. 1129 Central Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josephine M. Heberer

3. (b) If veteran, name war None 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 Edward J. Heberer 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased March 6, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 6 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Joseph Hannibal

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

14. Maiden name Unknown

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

16. (a) Informant Edward J. Heberer

(b) Address 1129 Central Ave
17. (a) Burial (b) Date thereof 4/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) 4-14-43 (b) C. D. Mc
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
year 1943 hour 11:15 AM minute _____ M.

21. I hereby certify that I attended the deceased from Dec 1942
_____ 19____ to April 12 1943
that I last saw him/her alive on April 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Arterio-sclerosis Duration _____

Due to _____

Due to _____

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy g3d

PHYSICIAN

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 _____

(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 [Signature] (M. D. or other) _____

Address 4901 E. Easton Date signed 4/13/43

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

1946
3068

003
17
9

MOTHER FATHER

707

DEC 9 1943

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 *Welford V Burnley*
Licensed Embalmer No. *42920*
P. O. Address *St. Louis Mo.*

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.