. S. No. 2
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ev. 5-17-39
I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16190

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5176

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:
4375 Washington Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 15yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 12 719

(a) State Mo (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4375 Washington Blvd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Agnes Heiman

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 Widowed 2

6. (b) Name of husband or wife Samuel

6. (c) Age of husband or wife if alive Decd years

7. Birth date of deceased Dec 11th. 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months ~~6~~ 3 Days 21 If less than one day hr. min.

9. Birthplace S (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Bernard Clements
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Gormley
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Catherine Clmeent
(b) Address 4375 Washington Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem

18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd

19. (a) JUN 4 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd.
year 1943 hour 5:40 PM minute M.

21. I hereby certify that I attended the deceased from May 28, 1943 to June 2, 1943
that I last saw her alive on June 2, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho Pneumonia	4 days
Acute Cardiac Dilatation	2 days
Due to	
Due to 167	
Other conditions Bronchial Asthma (Include pregnancy within 3 months of death)	15 years

Major findings:
Of operations
Of autopsy

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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Jay H Lamb (M. D. or other)
Address 4064 Olive Date signed June 3-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1861

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.