

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

FILED SEP 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2653

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: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 yrs.
(Specify whether years, months or days)

In this community 13 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 3400 So. Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Heims

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25th
year 1943 hour 5 minute 00A M.

4. Sex Male

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 Don't Know 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1 1943 to Aug 25 1943
that I last saw him alive on Aug 25 1943
and that death occurred on the date and hour stated above.

8. AGE: Years About 80 Months _____ Days _____
If less than one day hr. _____ min. _____

Immediate cause of death: Chronic myocarditis 6 mo

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

Due to: Enteric salmon 6 mo

10. Usual occupation Laborer

Other conditions: none
(Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business _____

12. Name Michael Heims

13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Cronin

15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: none

Of operations: none

Of autopsy: none

Underline the cause to which death should be charged statistically.

16. (a) Informant Sister Theresa

(b) Address 3400 So. Grand Blvd

17. (a) Burial Burial (b) Date thereof 8/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

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? _____

18. (a) Signature of funeral director Edwin Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) Aug 27 1943 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. Schneider (M. D. or other) W

Address 3318 S Grand Date signed 8-26-43

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Joe D. Benz
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.

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.