

No. 2
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5-17-39
X 3356

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 6 1943
Registration District No. 517

Primary Registration District No. 6076

Registrar's No. 2435

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis Rural Gravois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8147 Gravois
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000
11

(a) State Mo. (b) County _____

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

(d) Street No. 4737a Alaska
(If rural, give location)

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

3. (a) PRINT FULL NAME Augusta Heuer

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 6 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Fred W. Heuer

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

14. Maiden name Katherine Zoeller

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

16. (a) Informant Fred Heuer

(b) Address 1828 Allen

17. (a) Burial (b) Date thereof 11/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers-

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec

19. (a) NOV 2 - 1943 (b) E. G. McCarroll, Jr.
(Date received local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1943 hour 12.30 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 29 1943 to Oct. 30th 1943; that I last saw her alive on Oct. 29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Senile dementia arterio-sclerotic and general weakness

Due to fatal regurgitation Marasmus

Due to General weakness

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy grt

Duration _____

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? _____

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

23. Signature E. G. McCarroll, Jr. (M. D. or other) Mc
Address 1252 N. Kingshighway Date signed 11-1-43

700047

1203 PM

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

Gary Delrumbault, Registered Apprentice No. X
working under my personal supervision.

Signed Gary Delrumbault
Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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.