

FILED DEC 9 1943
Registration District No. **898**

Primary Registration District No. _____

1003

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

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:
2915 Miami St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **24**
(If outside city or town limits, write "RURAL") **000**
(d) Street No. 2915 Miami St. **17**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **?**
If yes, name country _____ **0**

3. (a) PRINT FULL NAME John Heilmann

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male **0** 5. Color or race White 6. (a) Single, widowed, married, divorced Single **0**

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

7. Birth date of deceased March 12, 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Janitor

11. Industry or business _____

MOTHER FATHER { 12. Name Val Heilmann
13. Birthplace Germany **4**
(City, town, or county) (State or foreign country)

{ 14. Maiden name Caroline Neun
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Jouet
(b) Address 2915 Miami St.

17. (a) Burial (b) Date thereof 12/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 J. F. Bredbeck

19. (a) NOV 29 1943 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1943 hour 11 minute 0 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Occlusion

Due to Atherosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 Thomas J. Callanan (M.D. or other) _____

Address Deputy Coroner Date signed 12-29-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

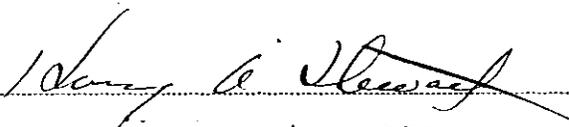
STATEMENT BY LICENSED EMBALMER

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. **3722**

P. O. Address..... **412 Duchouquette St.**

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.