

FILED NOV 20 1943

Registration District No. **318** Primary Registration District No. **100** Registrar's No. **9772**

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

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:
3332 Vista Ave.
(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 life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 18

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

(d) Street No. 3332 Vista Ave
(If rural, give location) 17

(e) Citizen of foreign country? NO (Yes or No) 9
If yes, name country 0

3. (a) PRINT FULL NAME George Heimer

3. (b) If veteran, name war. 3. (c) Social Security No. 702-05-1799

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

6. (b) Name of husband or wife Ida Ellis Heimer 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August 7 1891
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>52</u> | <u>2</u> | <u>28</u> | hr. min. |

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

10. Usual occupation Machinist

11. Industry or business Railroad

12. Name Adolph Heimer

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

14. Maiden name Weismueller

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

16. (a) Informant Mrs Ida Heimer
(b) Address 3332 Vista Ave.

17. (a) Burial (b) Date thereof 11/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director John S. Ziegenhain
(b) Address 407 7027 Gravois Ave.

19. (a) NOV 8 1943 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 1943 hour 10 minute 15 AM

21. I hereby certify that I attended the deceased from Sudden death

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

Immediate cause of death Coronary Artery

Due to Chronic Arteriosclerosis

Due to Plumage death

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

Major findings of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None
(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 None Means of injury None

23. Signature W. H. Helle (M. D. or other) 0
Address 125 Union Grove Date signed 11/5/43

Duration

1 hour

1 hour

1 hour

1 hour

1 hour

PHYSICIAN

Underline the cause to which death should be charged statistically.

840

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.....

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Travis*

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.