. S. No. 2
00M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39953

Registration District No. 18 Primary Registration District No. 1003 Registrar's No. 11432

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:
2749 A Arsenal Street /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 024
(If outside city or town limits, write "RURAL")

(d) Street No. 2749 A Arsenal Street
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth H. Heinzmann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John Heinzmann

6. (c) Age of husband or wife if alive 1864 years

7. Birth date of deceased 1 (Month) 30 (Day) ~~1943~~ (Year)

8. AGE: Years 79 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Unavailable
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. X (a) Informant Fern Heinzmann
X (b) Address 2749 A Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Blvd.

19. (a) DEC 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19th year 1943 hour 12 Noon minute M.

21. I hereby certify that I attended the deceased from Dec. 16, 1943, 19 to 19th Dec, 1943; that I last saw her alive on 12-19-43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Paralysis left leg & left arm
Due to Arterio-sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: ~~Of operations~~ ~~Paralysis left leg & arm~~

Of autopsy —

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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature A. F. Plag (M. D. or other) MD

Address 3150 Morganford Rd Date signed 12/20/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Plag
3150 Morganford

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 V E Morris

Licensed Embalmer No. 3360

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.