

S. No. 2
M-5-43
7. 5-17-39
X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11822
Registrar's No. 11822

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4635 Maryland
(If rural, give location) 12
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 4

3. (a) PRINT FULL NAME VIVIANNE GRAY HELLER
3. (b) If veteran, name war *****
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 27
year 1943 hour 8 minute _____ P. M.
21. I hereby certify that I attended the deceased from Dec 27 1943 to Dec 27 1943
that I last saw him Dec 27 1943 alive on _____ and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Irving H. Heller
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June 9, 1898
(Month) (Day) (Year)

Immediate cause of death Diabetes mellitus Duration 2 yrs?
Due to _____
Due to _____
Other conditions Cirrhosis of liver 1 yr?
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
45 6 16 _____ hr. _____ min.

PHYSICIAN _____
Underline the cause to which death should be charged and initial it.
Major findings: _____
Of operations _____
Of autopsy as above - with gastro-intestinal hemorrhage

9. Birthplace Ennis, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name ***** Ennis

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Grace Hubbell

15. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Heller

(b) Address 4635 Maryland Ave

17. (a) Cremation (b) Date thereof 12/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindall Blvd

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

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 Wm. Taylor (M. D. or other) MD
Address 1167 N Taylor Date signed 12/29/43

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

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..... *Albert G. Hopper*

Licensed Embalmer No..... *2971*

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.