

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8442

FILED MAR 6 1944  
379

Registration District No. 379

Primary Registration District No. 4468

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. MARY'S  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town ST. MARY'S  
(If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME MARY E HEISERER

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

4. Sex FEMALE 5. Color or race W.H.I.T.E. 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased 0.6.7 6 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 3 25 hr. min.

9. Birthplace OZORA MO  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name WILLIAM SCHAFF  
13. Birthplace ST. LOUIS, MO  
(City, town, or county) (State or foreign country)  
14. Maiden name SARAH ANDERSON  
15. Birthplace VIRGINIA  
(City, town, or county) (State or foreign country)

16. (a) Informant Clementine Heiserer  
(b) Address St. Mary's, Mo

17. (a) BURIAL (b) Date thereof FEB. 3-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ozora, Mo

18. (a) Signature of funeral director Wm. C. Basler  
(b) Address St. Genevieve, Mo

19. (a) Feb 3/44 (b) T.W. Douglas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31  
year 1944 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from Aug 15, 1933, to Jan 31, 1944,  
that I last saw her alive on Jan 30, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 3 weeks

Due to High blood pressure

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Ja!  
Of autopsy

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 0

23. Signature J.A. Wickens (M. D. or other)  
Address St. Mary's, Mo. Date signed 2/2/44

MAR 6 1944

**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 *Geo C. Basler*

Licensed Embalmer No. *1985*

P. O. Address *St. Genevieve Mo*

**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.**