

FILED MAY 20 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:  
2823 Oregon Ave.  
(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:

(a) State Missouri (b) County 0001  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 924  
(d) Street No. 2823 Oregon Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Heisele

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, Married

6. (b) Name of husband or wife Max SR. 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased April 19 1864  
(Month) (Day) (Year)

8. AGE: Years 80 Months - Days 19 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name William Dann

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

14. Maiden name Elizabeth Vogel

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

16. (a) Informant Max Heisele Sr.  
(b) Address 2823 Oregon Ave.

17. (a) Burial (b) Date thereof May 12, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul Cemetery

18. (a) Signature of funeral director John H. Kestner Sons

(b) Address 2630 Gravois Ave.

19. (a) MAY 10 1944 (b) J. F. Bredend  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th  
year 1944 hour 7 minute P M.

21. I hereby certify that I attended the deceased from May 7 1944 to May 7 1944  
May 6 1944  
that I last saw him alive on May 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to arteriosclerosis

Due to none of these

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following: no

(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?  
tory  
(Specify type of place)

While at work? (Specify type of place) (e) Means of injury fall

23. Signature W. A. ... (M. D. or other) W.A.  
Address 3318 O'Rand Date signed 5-9-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

*Robert F. Gibken*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

**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.**