

FILED JUL 26 1944 18

Registration District No. Primary Registration District No. 1003

Registrar's No. 6297

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: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
Brentwood
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. 8723 Pendleton (If rural, give location)
(e) Citizen of foreign country? alien # 4141650 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Leo Heyum

3. (b) If veteran, name war no
3. (c) Social Security No. 492-12-1489

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ernestine Heyum 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February 20, 1891 (Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Kirf Rhine land Germany (City, town, or county) (State or foreign country)

10. Usual occupation wholesale shoe warehouse

11. Industry or business Michael Heyum

12. Name Michael Heyum 13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Rosalee Lazarus 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Sally Mayer (b) Address 2845 Cherokee st.

17. (a) burial (b) Date thereof 7/17/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brith Sholon

18. (a) Signature of funeral director Berger Memorial 4715 McPherson ave. (b) Address

19. (a) JUL 17 1944 J. F. Pradeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9⁰⁰ to 1944 July 16 1944 that I last saw him alive on July 15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 6 days
Due to arteriosclerosis days

Due to PHA
Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy 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 Arthur Lindbergh (M. D. or other) No. 60
Address 2202 University St. Date signed 7/16/44

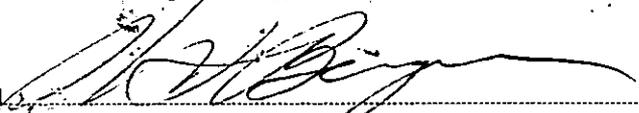
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

844

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 .....

Licensed Embalmer No. 1597.....

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.