

FILED SEP 18 1944

Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 1889

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Rural, Meramec Twpsh.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wild Horse Creek Rd.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution none (Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis,
(c) City or town Rural, MERAMEC TWP.
(If outside city or town limits, write "RURAL")
(d) Street No. Wild Horse Creek Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Heihertz,
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 12
year 1944 hour 12 minute 45 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edmund Heihertz, 6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased June, 3, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-30, 1944 to 9-12, 1944
that I last saw her alive on 9-11, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 3 Days 9 If less than one day
hr. min.

Immediate cause of death Chronic myocarditis Duration 5 yrs

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

Due to Hypertensive cardiac renal disease
arteriosclerosis 10 yrs

10. Usual occupation Retired housewife,

Due to Scabies mellitum 3 yrs.

11. Industry or business Own home,

Other conditions (Include pregnancy within 3 months of death)

12. Name Wm. Rahm, 4

Major findings: Of operations none.

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

Of autopsy none. bit

14. Maiden name Amelia Melchior,

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

16. (a) Informant Mrs. George Poertner,

(b) Address Pacific, Mo. R. 1.

17. (a) Burial (b) Date thereof Sept. 14,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jordan Private Cem.

18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) SEP 14 1944 (b) C. McLain, M.D.
(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? ✓

(Specify type of place) _____ (e) Means of injury 2
23. Signature [Signature] (M. D. or other) [Signature]
Address Eureka, Mo. Date signed 9-13-44

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

96000

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: *H. Schradew*
Licensed Embalmer No. *3066*
P. O. Address *Ballwin, 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.