

FILED NOV 30 1944
318

1003

State File No. _____
Registrar's No. 9713

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5786 Kingsbury
(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 _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5786 Kingsbury
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nicholas Heiman
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
 year 1944 hour 5:15 minute _____ M. _____

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rosemae Heiman 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased _____
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/15/44 to 11/15/44
 that I last saw h. alive on 11/15/44
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
 Due to Pleurothoracic Heart Disease
Mitral & Aortic Valve Disease
 Due to Pleurothoracic Fever @ 10.

Duration 1 1/2 years
 ?
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years 47 Months -- Days -- If less than one day hr. _____ min. _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Florissant Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Research Engineer

11. Industry or business Electrical

12. Name Jacob Heiman

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

14. Maiden name Anna Grote

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

16. (a) Informant Mrs. Rosemae Heiman

(b) Address 5786 Kingsbury Blvd.

17. (a) Burial (b) Date thereof 11-16-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director Herman Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) NOV 15 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

Major findings: _____
 Of operations _____
 Of autopsy _____

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)
 (c) Means of injury _____
 23. Signature Arthur E. Strang (M. D. co-signer)
 Address 539 N. Grand. Date signed 11/15/44

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

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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. P. Burgess
..... Licensed Embalmer No. 4029
..... 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.