S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35963

Primary Registration District No. 1003

Registrar's No. 9574

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:
3744 Oregon 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3744 Oregon 1
(If rural, give location)

(e) Citizen of foreign country? No 9 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Emma Heller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Henry

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March (Month) 15 (Day) 1890 (Year)

8. AGE: Years 54 | Months 7 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Hopewell (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Theodore Gierse
13. Birthplace Germany 4 (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Theresa Adrians
15. Birthplace Germany 14 (City, town, or county) 1 (State or foreign country)

16. (a) Informant Henry Heller
(b) Address 3744 Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/ 13/ 44 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director John H Gebken Sons
(b) Address 2630 Gravois Ave

19. (a) NOV 11 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th
year 1944 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 17, 1944 to Nov 9th, 1944
that I last saw h. ex alive on 11/9/ 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	1 wks
Due to: Carcinoma of the Breast	4 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Cancer of Breast	
Of autopsy:	

50

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

23. Signature George Becker 0 (M. D. or other)
Address 3606 Gravois Ave Date signed 11/10/44

(Licensed Embalmer's Statement on Reverse Side)

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. Gebken.....

Licensed Embalmer No.....4144.....

P. O. Address.....2630 Gravois.....

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.