

**FILED DEC 15 1944**  
 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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

**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:  
CITY HOSPITAL  
(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 0000  
 (c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3334 N. 14<sup>th</sup> ST.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROBERT HEUSLER  
 3. (b) If veteran, name war NO  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Nov day 30  
 year 1944 hour 9 minute 35 P. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex MALE  
 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOWER  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased APRIL 17 1879  
(Month) (Day) (Year)

Immediate cause of death Arterial Sclerosis  
Ascites  
 Due to \_\_\_\_\_  
 Due to 124  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
65 7 13 hr. min.

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

10. Usual occupation PORTER

11. Industry or business EDS INN

12. Name HEUSLER

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

14. Maiden name 9  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. E. Rosenkoetter  
 (b) Address 3334 N. 14<sup>th</sup> St.

17. (a) BURIAL (b) Date thereof DEC-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation ST. MATTHEWS SEM.

18. (a) Signature of funeral director E. J. Semur  
 (b) Address 3125 Lafayette Ave

19. (a) DEC 1 1944 (b) J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3  
 23. Phas. J. Callahan (M.D. or other)  
 Address 1300 Clark Date signed 12-1-44

**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

*Joe B Vollmer*

Licensed Embalmer No. *4014*

P. O. Address. *St Louis 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.**