

FILED DEC 12 1944

Registration District No. 21944

Primary Registration District No. 3069

Registrar's No. 2411

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital, 6420 Clayton Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether, years, months or days)
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 039
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5345 Pershing Ave.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Henrietta Illingworth

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William J. Illingworth 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Mar. 27 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>7</u>	<u>24</u>	hr. <u>4</u> min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Frederick Heising
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Boehm
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. W. Christman

(b) Address 943 Maple Pl.

17. (a) Burial (b) Date thereof 11-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) DEC 7 1944 (b) E. S. Molavran
(Date filed and registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1944 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from 11-20 to 11-21
1944 to 11-21 1944
that I last saw her alive on 11-21 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis and embolus of right popliteal artery
Due to Valvular heart disease
Duration 1 day

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operation Small clot removed from right popliteal artery
Of autopsy and

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) Means of injury 5

(b) Signature Charles Sherwin (M. D. or other)

Address 3752 Washington Date signed

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

Dr. J. S. Sherwin
3720 Washington Ave.
3 to 5 P.M.
Je. 6744

DEC 1 1945

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 Warren A. Carver

Licensed Embalmer No. 3534

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.