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FILED JAN 20 1945

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 282

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. 4327 California Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Marie Adele O'Heim

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th.
year 1945 hour 6:50 minute P.M. M.

21. I hereby certify that I attended the deceased from 12-30
1944 to 1-8 1945

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February 1, 1879
(Month) (Day) (Year)

that I last saw her alive on 1-8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death acute - suppurative meningitis Duration _____

8. AGE: Years Months Days If less than one day

65 11 7 hr. _____ min.

Due to Laboratory report not complete

Due to _____

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

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

10. Usual occupation At home

Major findings:

11. Industry or business _____

Of operations _____

12. Name Louis B. Gabard

Of autopsy _____

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

14. Maiden name Wilhelmina Lohrman

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant Charles O'Heim

22. If death was due to external causes, fill in the following:

(b) Address 4327 California Ave.

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof Jan. 11, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation St. Trinity Lutheran

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Schumacher

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 3013 Meramec St

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

19. (a) JAN 10 1945 (Date received local registrar)

23. Signature Edna M. Stone (M. D. or other) _____

Address 4916 Adell Date signed 1-10-45

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

MOTHER FATHER

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 *Francis Williamson*

Licensed Embalmer No. *3565*

P. O. Address *St. Louis*

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.