U. S. No. 2
100M—2-43
Rev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22034

FILED AUG 11 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6865

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony Hosp 0
(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 Mo (b) County 060

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

(d) Street No. 3672 Belleview Blvd 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Blanche Heckemeyer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Henry J

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

7. Birth date of deceased Oct (Month) 6 (Day) 1888 (Year)

8. AGE: Years 56 Months 9 Days 27 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name John A Brandt
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mary Beth Gladieux
(b) Address 3672 Belleveiw Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 3 45 (Month) (Day) (Year)
(c) Place: burial or cremation Pacific Mo Catholic

18. (a) Signature of funeral director Krueghauser
(b) Address 4228 So. Kingshighway

19. (a) AUG 4 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1945 hour 7.38 AM minute M.

21. I hereby certify that I attended the deceased from 7-4-45, 19, to 8/2-45, 19; that I last saw alive on 8/2-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute Cardiac failure

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Postoperative Upper abdomen 8 years 7 days

Major findings:
Of operations 7

Of autopsy No 95 C 3

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 Jo L Jones (M. D. or other)

Address 4065 So Grand Date signed 8/3/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Jos Ferris

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 Edwin D. McDermo

Licensed Embalmer No. 3024

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.