S. No. 2
M—2-43
. 5-17-39
I X35397

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

FILED JAN 5 1946

42419

State File No.

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2980

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9302-St. Charles Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry P. Heibel

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Margaret

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

7. Birth date of deceased Oct (Month) 2 (Day) 1879 (Year)

8. AGE: Years 66 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Ste. Genevieve (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Realtor

11. Industry or business self

FATHER
12. Name Peter Heibel
13. Birthplace Ste. Genevieve (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Nuesiein
15. Birthplace Ste. Genevieve (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Richard Heibel
(b) Address 10,582 Hobday Ave-Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Baumann Bros. Inc.
(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) 1-3-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1945 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration
Due to Cerebrovascular accident
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 John T. Farmer (M.D. or other) MD.
Address 601 Brentwood Date signed 12/31/45

(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.