

FILED JAN 21 1948  
Registration District No. 318

Primary Registration District No. 1000

Registrar's No. 106

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: Seaton's 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 Mo. (b) County St. Louis 96

(c) City or town Wichwood Mo. 0  
(If outside city or town limits, write "RURAL")

(d) Street No. RR 12 Box 280  
(If rural, give location) NR 0

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

3. (a) PRINT FULL NAME Katherine Heutel

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1946 hour \_\_\_\_\_ minute 5:20 P.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife John Heutels 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 75-1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 21, 1945, to Jan. 1, 1946, that I last saw her alive on January 1, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 6 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cardio-vascular disease

Due to Chronic nephritis

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

10. Usual occupation at home

Other conditions (include pregnancy within 3 months of death) 1/21

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Mr. Sherman

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14. Maiden name Heuty

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

16. (a) Informant John Heutels

(b) Address RR 12 Wichwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Rock Hill Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director Louis H. Boff, Jr.

(b) Address Wichwood

19. (a) JAN-5-1948 (Date received local Registrar) J. F. Brudick (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature Arthur W. Webster (M: D. or other) \_\_\_\_\_  
Address Webster Groves, Mo Date signed \_\_\_\_\_

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

17 9

296

107

1128  
107  
1128

~~1128~~

**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..... *Sam M. Sizemore* .....

Licensed Embalmer No. *4343* .....

P. O. Address..... *7415 Zephyr Pl. Maplewood, 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.**