

S. No. 2
M-5-43
5-17-39
I X36671

FILED FEB 3 1946
Registration District No. _____

Primary Registration District No. _____

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

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:
Alexian Bros Hosp
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0-00

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

(d) Street No. 3832 Connecticut St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Henry Frederick Heuer

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maude

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

7. Birth date of deceased May 9 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1946 hour 8 AM minute _____ M.

21. I hereby certify that I attended the deceased from 2 July 1945 to Jan 21 1946
that I last saw him alive on Jan 20 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>8</u>	<u>18</u>	hr. _____ min.

Immediate cause of death _____

Due to Cornary Hernia 2 days

Due to Cornary Sclerosis 3 mo

Due to arterio sclerosis 3 mo

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

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

10. Usual occupation Retired

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations none

Of autopsy none

11. Industry or business Lumber Business

12. Name Henry Heuer

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

14. Maiden name Meunch

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

16. (a) Informant William H Heuer

(b) Address 3832 Connecticut St

17. (a) Burial (b) Date thereof 1 24 46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(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? Yes

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) JAN 24 1946 (b) J. Bredesch
(Date received local registrar) (Registrar's signature)

23. Signature W. A. Schneider (M. D. or other) MD

Address 3218 S Grand Date signed 1-22-46

Dr. N. A. Schneider
3300 So. Grand

OR 3671

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..... *Clavin D Mc Dermott*

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.