

FILED MAR 2 1946 STANDARD CERTIFICATE OF DEATH

Dr. McLean 7107  
State File No. \_\_\_\_\_  
Registrar's No. 474

Registration District No. 367

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Rural, Bonhomme Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Hehrsmill Rd. Chesterfield, Mo. R.R.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, Mo.  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street Hehrsmill Rd. Chesterfield, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Emma Heimann,

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert Hermann,

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Oct. (Month)

27 (Day)

1860 (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	3	24	hr. _____ min.

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

10. Usual occupation Housewife (Retired)

11. Industry or business Own home,

MOTHER FATHER

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Everett Konneman,

(b) Address Chesterfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/46. (Month) (Day) (Year)

(c) Place: burial or cremation Cumbe Cem. Cumbe, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballyn, Mo.

19. (a) 2-25-46 (Date received local registrar) (b) Edm. Saran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb. day 21. year 1946 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1-22- 1946 to Feb 21 1946 that I last saw her alive on Feb 21 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to 93d

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Sensibility  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature Royal C. McLean (M. D. or other) \_\_\_\_\_  
Address Parkwood Date signed 2-23-46

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

6057

**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.....

*H. Schrader*

Licensed Embalmer No. ....

*3066*

P. O. Address.....

*Ballwin, 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.**