

**FILED** FEB 20 1946

State File No. **7543**  
 Registrar's No. **1460**

Registration District No. **318** Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County..... **St. Louis**

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

(c) Name of hospital or institution:  
**2501 W. Dodier St. /**  
(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..... **000**

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

(d) Street No. **2501 W. Dodier St.**  
(If rural, give location)

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

If yes, name country.....

**3. (a) PRINT FULL NAME** **Henry W. Heuermann**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **499-05-4090**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife..... **Emilie Heuermann**

6. (c) Age of husband or wife if alive **82** years

7. Birth date of deceased..... **July 24, 1860**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>85</b>	<b>6</b>	<b>17</b>	..... hr. .... min.

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

10. Usual occupation **Retired Watchman**

**11. Industry or business**

12. Name..... **Henry W. Heuermann**

13. Birthplace..... **Germany** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Clara Nordbush**

15. Birthplace..... **Germany** **4**  
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **George F. Heuermann**

(b) Address **2501 W. Dodier St.**

17. (a) **Burial** (b) Date thereof **Feb. 13, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Paschedag-Henke Funeral Home**  
While at work? (Specify type of place)

(b) Address **2825 N. Grand Blvd.**

19. (a) **FEB 13 1946** **J. J. Bredeek**  
(Date received from registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Feb.** day **11th**  
 year **1946** hour **6** minute **30A** M.

21. I hereby certify that I attended the deceased from.....  
**Nov. 10** 19 **45** to **Feb. 11** 19 **46**

that I last saw him alive on **Feb. 7** 19 **46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Embolus** **sudden**

Due to..... **Senile Myocardial change** **1 yr**

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?.....

23. Signature..... **Erud H. King** (M. D. of State) **0**  
 Address **2249 St. Louis ave** Date signed **2/11** **46**

**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 Oliver R. Powell

Licensed Embalmer No. 4077

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.**