

FILED APR 7 6 1946

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 744

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Scharrock Nursing Home
(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 Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 9507 SoBdway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mathilda Heitz

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
7. Birth date of deceased Feb 8 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Work

11. Industry or business At Home

12. Name John Julius

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

14. Maiden name Unknown

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

16. (a) Informant Julius Heitz

(b) Address 9800 SoBdway

17. (a) _____ (b) Date thereof 3/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S S Peter Paul FENDLER UND CO.

18. (a) Signature of funeral director _____

(b) Address 7420 Michigan Ave

19. (a) 3-30-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1946 hour 7:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 7
March 4 1946 to March 16 1946
that I last saw her alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Pulmonary Duration 1 month
Due to Carcinoma breast with metastases to lungs, brain 2 yrs
Due to abd 56

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

Major findings: Of operations Amputation left breast March 2, 1944 Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 [Signature] (M. D. or other) MD
Address 8231 Clayton Rd Date signed 3/28/46

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

3550

76
9

X, Sullivan
8231. cl 42

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 E. Gendley

Licensed Embalmer No. 4658

P. O. Address St Louis, 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.