

**FILED MAY 10 1946**

Registration District No. **318**

Primary Registration District No. **1003**

**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:  
**2641 PENNSYLVANIA**  
 (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..... **Missouri** (b) County..... **000**  
 (c) City or town..... **ST. LOUIS** (If outside city or town limits, write "RURAL") **1717**  
 (d) Street No. **2641 PENNSYLVANIA** (If rural, give location) **9**  
 (e) Citizen of foreign country?..... (Yes or No) **0**  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **LOUISE KIEL HEIMBURGER**  
**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**  
**6. (b) Name of husband or wife**..... **6. (c) Age of husband or wife if**  
 alive..... years  
**7. Birth date of deceased** **MAY 1 1862**  
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 83    | 11     | 29   | hr. min.             |

**9. Birthplace** **ST. LOUIS MO.**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **HOUSE WIFE**

**11. Industry or business**  
**MOTHER FATHER**  
**12. Name** **JOHN RAPP**  
**13. Birthplace** **GERMANY**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **UNKNOWN**  
**15. Birthplace** **GERMANY**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **ELLA HEIMBURGER**  
**(b) Address** **2641 PENNSYLVANIA**

**17. (a) BURIAL** (b) Date thereof **MAY 2 1946**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **OLDFATHERS S. PETER & PAUL**

**18. (a) Signature of funeral director** **Thos. S. Peter & Paul**  
**(b) Address** **2906 GRAVOIS**  
**19. (a) MAY 1 1946** **J. F. Prudek**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **APRIL** day **29**  
 year **1946** hour **9** minute **30 p. M.**  
**21. I hereby certify that I attended the deceased from** **FEB. 10**, 19**46**, to **April 29**, 19**46**  
 that I last saw her alive on **April 29**, 19**46**,  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
**Pneumonia suppurativa**  
**Bronchial**  
**Due to Vegetricular Block** **4 hrs.**  
**Chs. Myocarditis** **3 hrs.**  
**Due to Arterio sclerosis of Arteries** **2 yrs.**  
 Other conditions (Include pregnancy within 3 months of death)  
**Major findings:** **none**  
 Of operations **no**  
 Of autopsy **no**

**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)** **none**  
**(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?**  
 (Specify type of place) (2) Means of injury  
**While at work?**  
**23. Signature** **J. F. Prudek** (M. D. or other) **md**  
**Address** **2767 Gravois** **Date signed** **4-30-46**

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

13694

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed

*David Tau Fossau.*

Licensed Embalmer No. *4242.*

P. O. Address *2906 Garrison Ave*

**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.**