

y. S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X3667

FILED MAY 27 1946  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4106

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

17366

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:  
1612 Helen Street 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs Mary Heermeyer

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 Richard H Heermeyer

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Sept 3<sup>rd</sup> 1880  
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Charles Weiland

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

14. Maiden name Johanna Helen

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

16. (a) Informant Mrs Richard Heermeyer

(b) Address 1612 Helen Street

17. (a) Burial (b) Date thereof May 7 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. F. Brudek

(b) Address 2223 St. Louis

19. (a) 5-6-1946 (b) J. F. Brudek  
(Date received local registrar) (Registrar's signature)

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") 267

(d) Street No. 1612 Helen  
(If rural, give location) 9

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4<sup>th</sup>  
year 1946 hour 8 minutes 30 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertrophic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 9/2/46  
(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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

23. Signature Patrick E. Taylor (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 5/6/46

**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.....

*John P. Buchholz*

Licensed Embalmer No. *16742*

P. O. Address *2223 St. Louis 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.