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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

25316

FILED JUL 23 1946
318

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 5971

Registration District No. _____ 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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME George Heimburger

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 20 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Auto Body Manufacturer

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Heimburger

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

14. Maiden name Catherine Zoelzer

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

16. (a) Informant William Heimburger
(b) Address 2108a Gravois Ave.

17. (a) Burial (b) Date thereof 7/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director John P. ...

(b) Address 2630 Gravois Ave.

19. (a) JUL 5 1946 (b) J. F. Benedict
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2108 Gravois Ave.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1946 hour 6.30 minute A M.

21. I hereby certify that I attended the deceased from June 12 1946 to July 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Myo. Carditis

Due to Acute Dilatation of Heart

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 _____ (M. D. or other) _____
While at work? _____ (Specify type of place) _____
(e) Means of injury _____

Address 4930 Lindell Blvd. Date signed 7/5/46

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

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 *Robert F. Gebken*.....

Licensed Embalmer No. 4144.....

P. O. Address 2630 Gravois 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.