S. No. 2
I—12-45
. 5-17-39
I X47070

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

37304

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38689

Registration District No. 318

Primary Registration District No.

Registrar's No. 9518

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 DYS. (Specify whether years, months or days)

In this community LIFE

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. 1426 MADISON STR. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ELIZABETH HEIL

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife EDWARD HEIL

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

7. Birth date of deceased OCT (Month) 13 (Day) 1859 (Year)

8. AGE: Years 87 Months 0 Days 22 If less than one day hr. min.

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

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

FATHER
12. Name GERHARDT REINWALD
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. Knechtel

(b) Address 1509 Monroe ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 8 - 46 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brockland Und Co

(b) Address 1827 Hogan St

19. (a) NOV 7 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 5th year 1946 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from 10/28/46, 19, to 11/5/46, 19; that I last saw her alive on 11/5/46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Ca of the left right colon

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

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? (Specify type of place)

While at work? (e) Means of injury 11/6/46

23. Signature 1515 Lafayette (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

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.