

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

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71

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946
378
Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No. _____

wh. m. a
42471
State File No. _____
Registrar's No. 10568

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: Missouri Baptist Hospital
(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 St. Louis

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

(d) Street No. 8833-David-Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Elsbeth A.L. Heberlein

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Conrad 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 10, 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1946 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 29
1946 to 1946
that I last saw h. ER alive on 12/8/46
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>65</u>	<u>5</u>	<u>28</u>	hr. _____ min.
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Immediate cause of death Ch. Myocarditis 2 yrs.

Due to 93d

Due to _____

Other conditions bronchial asthma 6 yrs.
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Carl Becker

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

14. Maiden name Sophia Sommerlade

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

16. (a) Informant Conrad Heberlein
(b) Address 8833-David Ave-Overland-21-

17. (a) Burial (b) Date thereof 12-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Baumann Brothers
(b) Address 2504-Woodson Rd-Overland

19. (a) DEC 10 1946 (Date received local registrar) J. F. Brodeck (Registrar's signature)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? no
(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 Maurice A. Beck (M. D. or other) M.D.
Address 8924 St. Charles Rd Date signed 12/9/46

(Licensed Embalmer's Statement on Reverse Side) St. Louis Co. 14, Mo

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..... *Oscar F. Mueller*

Licensed Embalmer No..... *3039*

P. O. Address..... *Overland 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.