

Registration District No. _____ Primary Registration District No. **1003**

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

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:
2114 1/2 S. Broadway
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Friedericka Heinrich
 3. (b) If veteran, name war _____ No. _____
 3. (c) Social Security No. 720

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Gustav Heinrich
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 10 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 29
 If less than one day _____ hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
 12. Name Moessler 4
 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Hawkins

(b) Address 2114 1/2 S. Broadway

17. (a) Burial (b) Date thereof 2-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Bur. Pk.

18. (a) Signature of funeral director Witt Bros. & Nels.

(b) Address 2030 S. Jefferson Av.
FEB 11 1947

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County _____
 (c) City or town St. Louis 1917
(If outside city or town limits, write "RURAL")
 (d) Street No. 3655 Laclade Av. 9
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
 year 1947 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from 2/7/47
 that I last saw her alive on 2/7/47
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial infarction
Chronic glomerulonephritis
interstitial
 Duration _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
 Of operations _____
 Of autopsy none

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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? no

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature Dr. John Stays M.D. or other _____

Address 2114 1/2 S. Broadway Date signed 2/11/47

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson 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.