

S. No. 2
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5-17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7299**
Registrar's No. **359**

Registration District No. **317** Primary Registration District No. **3070**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(c) Name of hospital or institution: 11 Lindworth Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME Ben Heimann
3. (b) If veteran, name war none **3. (c) Social Security No.** 490-09-6832

4. Sex male **5. Color or race** W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Esther Althof Heimann **6. (c) Age of husband or wife if alive** 62 years
7. Birth date of deceased. Dec 19, 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace. Indiana (City, town, or county) (State or foreign country)
10. Usual occupation. Mf'g Agent

11. Industry or business.
MOTHER { **12. Name.** Herman Heimann
13. Birthplace. Indiana (City, town, or county) (State or foreign country)
14. Maiden name. Clara Barnett
15. Birthplace. Indiana (City, town, or county) (State or foreign country)

16. (a) Informant. Ben Heimann
(b) Address. 11 Lindworth Lane
17. (a) Entombment **(b) Date thereof.** 3/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Valhalla
18. (a) Signature of funeral director. _____
(b) Address. 4356 Lindell Blvd
19. (a) 3-13-47 **(b) Ruth J. Allen**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis **96**
(c) City or town Webster Groves, Ladau Village **7**
(If outside city or town limits, write "RURAL") **4**
(d) Street No. 11 Lindworth Lane (If rural, give location) **0**
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1947 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from Sept 4, 1946 to 3/8/47, 19____;
that I last saw him alive on 3/8/47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema **Duration** 2 hours
Due to Atmo. Scabrotic At. Dis. Coronary Thrombosis **6 wks 6 wks**
Due to _____
Other conditions! 93d
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy Coronary Thrombosis Acute Pulm Edema
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 Ruth J. Allen (M. D. or _____)
Address 539 N. Grand Date signed 3/10/47

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.....

Henry M. Brammer
.....
Licensed Embalmer No..... *4200*.....

P. O. Address.....

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.