No. 2
12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

Registration District No. 312

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 11935

Registrar's No. 583

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 12-17-46 (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26

(c) City or town Jefferson City 3
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 1 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HEIMERICKS, John H.

3. (b) If veteran, name war World War II

3. (c) Social Security No. unknown

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 March (Month) 4 (Day) 1909 (Year)

8. AGE: Years 38 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation Plasterer

11. Industry or business

FATHER
12. Name George Heimericks
13. Birthplace Holland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Vieth
15. Birthplace Cole County, Jefferson City, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Veterans Adm. Hospital
(b) Address Jefferson Barracks, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 So. Broadway, St. Louis, Mo.

19. (a) 3-13-47 (Date received local registrar) (b) Ruth Fuller MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1947 hour 8:35 minute A. M.

21. I hereby certify that I attended the deceased from
12-17-46, 19..., to 3-11-47, 19...;
that I last saw him alive on 3-11-47, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
TUMOR, LEFT OCCIPITAL LOBE	UNK.
Due to	
Due to	
Other conditions: NONE (Include pregnancy within 3 months of death)	

57 d

Major findings:
Of operations Ventriculogram 12-20-46
Craniotomy 12-20-46
Of autopsy No Autopsy performed (See Cause of Death)

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) no
(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

23. Signature K. E. Stallard (M. D. ~~or other~~)
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 3-11-47

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1947

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.