

S. No. 2
-12-45
5-17-39
P I X47070

FILED APR 21 1947
318

Registration District No. Primary Registration District No. 1002

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:
Alexion Bros Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days 4 Hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 002

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 7/7

(d) Street No. 3649 S. Compton
(If rural, give location) 9

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

If yes, name country _____

3. (a) PRINT FULL NAME Adam P. Heubler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Eliza 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug 10 1873
(Month) (Day) (Year)

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

73 5 27 hr. min.

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

10. Usual occupation Machinest

11. Industry or business _____

MOTHER FATHER { 12. Name Carl Heubler 4

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

{ 14. Maiden name Barbara Bettmenn

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

16. (a) Informant Eliza Heubler

(b) Address 3649 S. Compton

17. (a) Cremation (b) Date thereof 4-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

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

(b) Address 3013 Meramec st.

19. (a) APR 9 1947 (b) J. F. Bedeck
(Date received from) (Name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1947 hour II minute 25 P. M.

21. I hereby certify that I attended the deceased from 7-5 1947, to 7-7 1947
that I last saw her alive on 4-7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to Tachycardia with cerebral arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) JF

Major findings: Of operations _____

Of autopsy _____

Duration 6 days

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? _____

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

23. Signature J. F. Bedeck (If D. or other) 0
21-2111-111 Date closed 4/9/47

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

3624 ARSENAL
6³⁰/₇ - 70 - 70.M

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 Francis Williamson

Licensed Embalmer No. 3565

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.