

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15180**  
Registrar's No. **4577**

FILED MAY 14 1947

Registration District No. **318**

Primary Registration District No. **1003**

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:  
5817 Gravois Ave.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County.....  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5817 Gravois Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Clara Heumann,  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 5th  
year 1947 hour 8 : minute 05 P. M.  
21. I hereby certify that I attended the deceased from March  
19 7 to May 19 47  
that I last saw her alive on 3 May 19 47  
and that death occurred on the date and hour stated above.

4. Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Conrad Heumann,  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased August 24, 1882  
(Month) (Day) (Year)

Immediate cause of death  
Pyelonephritis & cystitis  
Due to Cystitis  
Due to.....

8. AGE: Years Months Days If less than one day  
64 8 11 hr. min.

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)  
congestive heart failure  
Major findings:  
Of operations.....  
Of autopsy..... 61  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation At Home,

11. Industry or business.....

MOTHER FATHER  
12. Name Henry N. Twesten,  
13. Birthplace St. Louis, Missouri,  
(City, town, or county) (State or foreign country)  
14. Maiden name Clara Smith,  
15. Birthplace Mound City, Illinois,  
(City, town, or county) (State or foreign country)

16. (a) Informant W. Henry C. Heumann,  
(b) Address 5817 Gravois Ave.,

17. (a) Burial, (b) Date thereof 5/7/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary  
(b) Address 2842 Meramec St.,

19. (a) MAY 5 1947 (b) J. D. Brudick  
(Date received local registrar) (Registrar's signature)

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 9  
23. Signature Clara Heumann (M. D. or other) 9  
Address 5817 Gravois Ave., St. Louis, Mo. Date signed 5 May 47

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

*Davis*

---

---

**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..... me.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Joe B. Benz*.....  
Licensed Embalmer No..... 4249.....  
P. O. Address..... 2842 Meramec St.,  
St. Louis, 18, 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.**