. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1947

Registration District No. 217

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 22948

Registrar's No. 1479

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 429 St. Francois
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Florissant 10
(If outside city or town limits, write "RURAL")

(d) Street No. 429 St. Francois 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME ANNA HEIMAN

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jacob Heiman

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 86 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Alsace - Lorraine (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Alsace - Lorraine (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Alsace - Lorraine (City, town, or county) (State or foreign country)

16. (a) Informant Sidney Heiman

(b) Address 7430 Gannon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-47 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director Herman Rindskopf Inc.

(b) Address 5216 Delmar Blvd.

19. (a) 7-10-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1947 hour 4:10 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Jan 1945 to 7/6 1947 that I last saw her alive on 7/5 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Throm	1 hr
Due to arteriosclerosis	?
Due to myocarditis	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place) 0

While at work? ..... (e) Means of injury .....

23. Signature C. O. Hughes (M. D. or other) MD

Address Ferguson Date signed 7/7/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....John Ketter.....

Licensed Embalmer No.....3880.....

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.